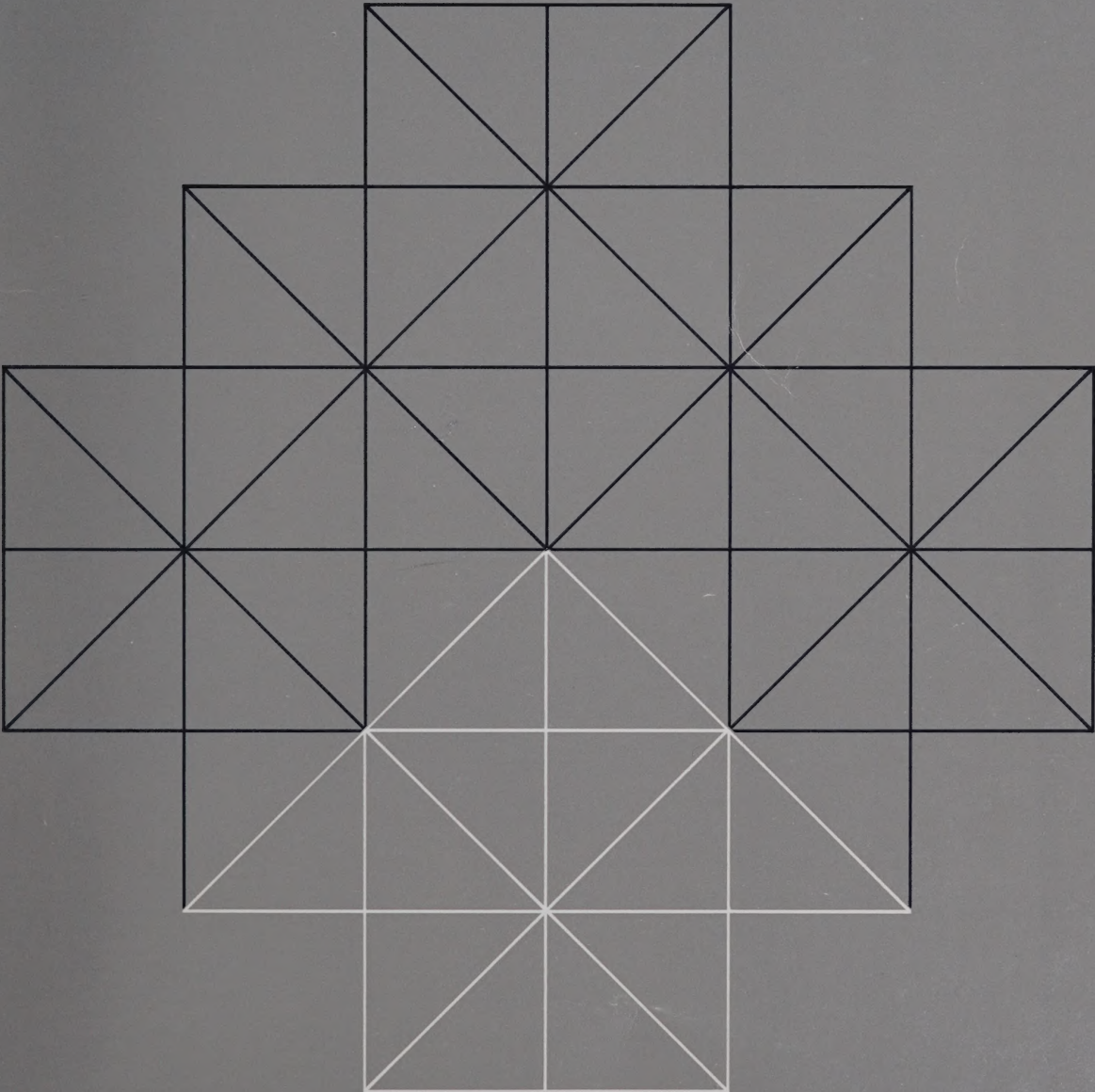


Rush University
Presbyterian-St. Luke's
Hospital

Graduate
Medical Education
Rush-
Presbyterian-
St. Luke's
Medical Center
1981-82



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1981-82

Rush
University

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Graduate Medical Education Rush- Presbyterian- St. Luke's Medical Center

Office of Graduate Medical Education
Rush-Presbyterian-St. Luke's
Medical Center
600 South Paulina Street
Chicago, Illinois 60612

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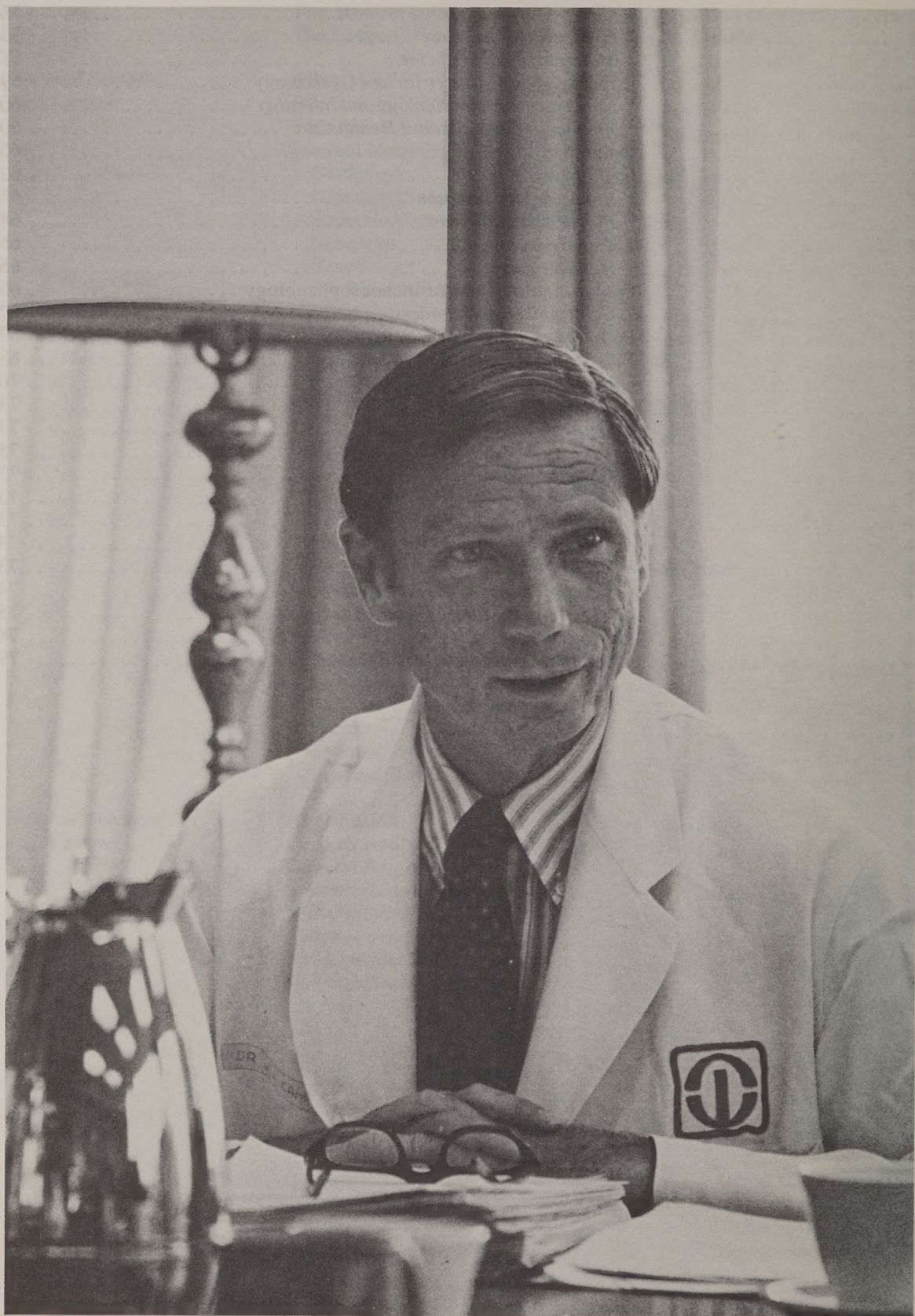
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The concept of an academic health center has gained recognition throughout the United States as an important organizing principle for patient services, medical education, and scientific inquiry. At Rush-Presbyterian-St. Luke's Medical Center, our approach in the development of such a center is based on a commitment for orderly and balanced growth among all components—patient care, education, and research.

The graduate medical education program arises out of the strengths of these components. With all of them, it finds its purpose, justification, and direction in the priority we place on patient care. The emphasis comes from the long tradition of the original individual institutions, potentiated by their most recent combination a decade ago. We believe with Francis Weld Peabody that "the secret of care of the patient is in caring for the patient" and we agree that "without scientific knowledge a compassionate wish to serve mankind's health is meaningless, but scientific knowledge without wisdom and compassion is a frozen storehouse."

At Rush-Presbyterian-St. Luke's, the stature of the medical staff and faculties expresses our standards of what we like to call "physicianship." These are the qualities by which humane and principled men and women put knowledge and understanding, science and skills to use. To harbor ambitions to produce good doctors carries us deep into the enigma of character formation. Our observation tells us that our house staff has had more than a disciplined experience in education. Whatever we do in education, it is clear that the power of example is one of the surest forces for elevating the quality of perception and performance to the standards we set, assay, and seek anew.

As house officers, you will develop confidence in your knowledge of health and disease and in your strengths in special areas of concern, yet you must bring to a new level of appreciation the sense that each patient is a person whose wholeness transcends the immediate physical problem. Your responsibility is to grow. Our responsibility is to nurture your growth in every way that we can.

James A. Campbell, M.D.
President

Training at Rush is rewarding because of the special relationship residents enjoy with Rush Medical College faculty, attending staff and medical students. The focus of this relationship is excellence—excellence in patient care, excellence in the educational process, and excellence in the scholarly pursuit of medical knowledge.

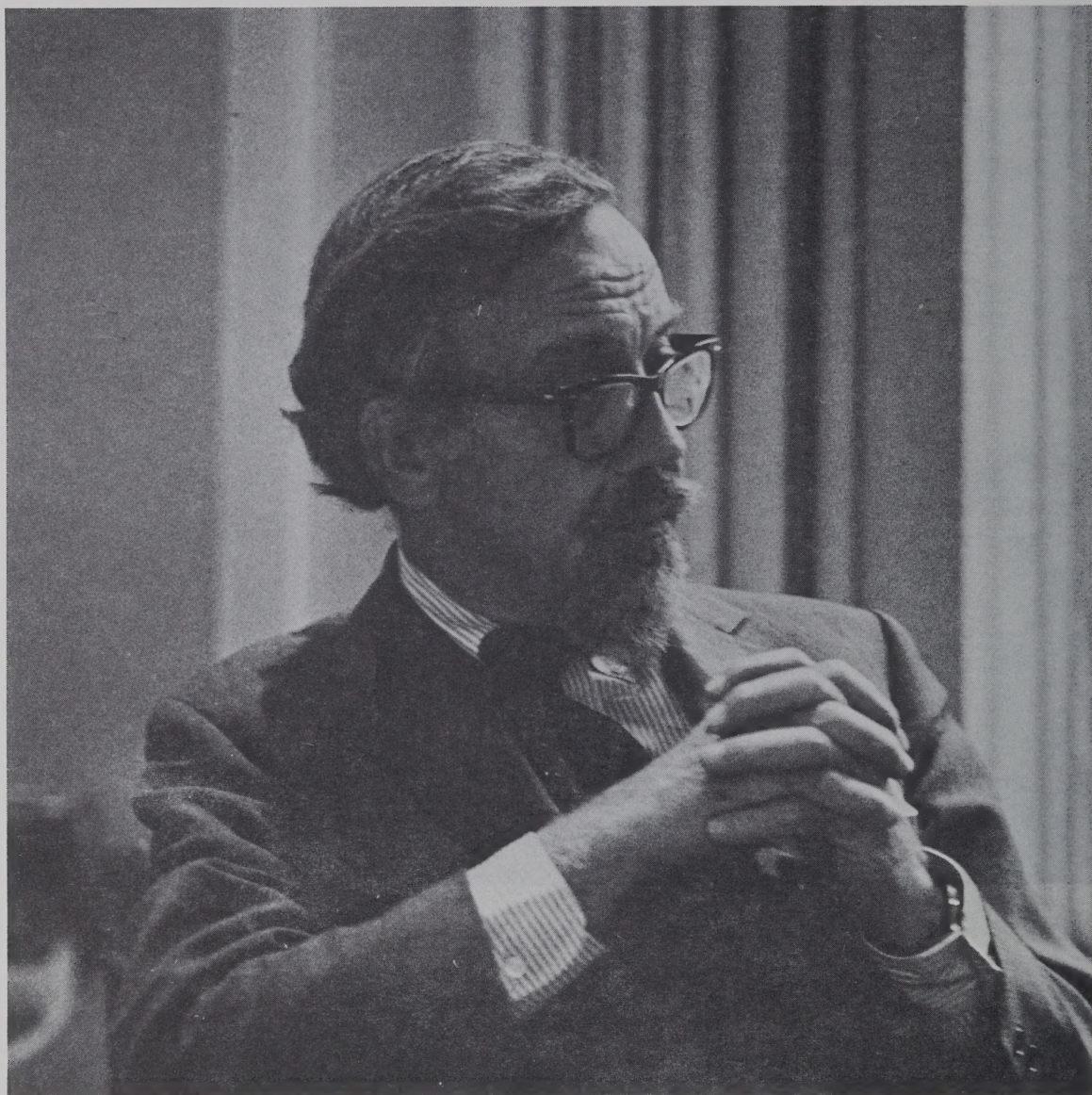
Residents are students as well as teachers, practitioners, and scholars. The expanding and well-equipped facilities at Rush, and the rich mix of patient populations provide a wide spectrum of opportunities to develop vital skills and knowledge.

Society has called for a response from the health care industry. Rush-Presbyterian-St. Luke's Medical Center has responded to this call by establishing, on an institutional level, an identity and a direction with clear definition. The Rush System for Health is our prototype for serving the total health care needs for a defined population of 1.5 million people. The system extends broadly both geographically and in types of health care settings. It is managed with flexibility to be responsive to the needs of the populations we serve.

Synergy makes this institution exciting—we see ourselves as leaders in the private sector. You are invited to join us.

Robert S. Blacklow, M.D.
*Vice President, Medical Affairs, and
Dean, Rush Medical College*



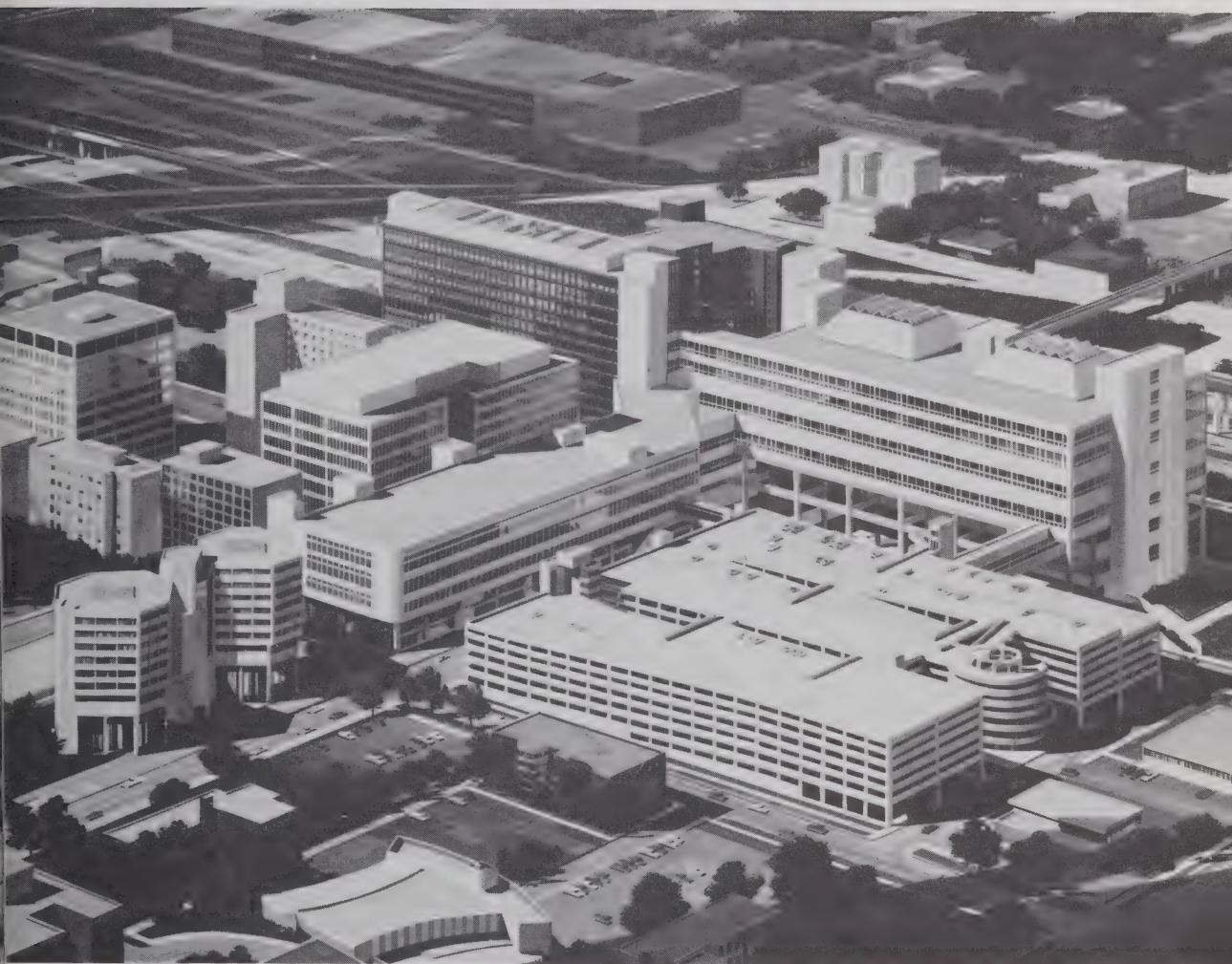


The goal of our graduate medical education program is to provide the new physician an environment in which a high level of professional competence can be developed. While the goal is fixed, there must be a large degree of flexibility involved in the program that is the path to that goal.

At Rush-Presbyterian-St. Luke's, we recognize the inseparable relationship between the first-rate practice and learning. The good physician must be expert in the acquisition as well as the application of knowledge and skills. We also recognize that there have been major changes in medical education and also in the expectations of those who have a right to sound health care. Education and training for a career of professional competence are designed to take these changes into account, and to respond to other significant changes as they occur. The departments establish the details of their training programs according to the requirements of the various specialties. The Office of Graduate Medical Education coordinates the programs in light of the overall goals, and maintains a continuing process of evaluation and reevaluation. It also provides centralized services to residents and fellows for those details common to all, such as stipends, housing, and insurance.

Graduate medical education at Rush-Presbyterian-St. Luke's will continue to be responsive to the needs of new physicians striving to exercise their growing abilities with knowledge and compassion. We will appreciate your insights into a process that must constantly adapt if we are to reach a goal that must never change—the education of highly competent and effective physicians.

John S. Graettinger, M. D.
*Associate Dean,
Graduate Medical Education*



The Medical Center

Introduction

Rush-Presbyterian-St. Luke's Medical Center (RPSLMC) offers training in 22 clinical departments to approximately 380 residents, trainees, and fellows each year. Presbyterian-St. Luke's Hospital (PSLH) provides the major clinical base for our graduate medical education programs. The hospital is a national referral center and a community resource. Twelve other institutions affiliated with Rush University provide complementary and supplementary opportunities for the trainee in rural, semirural, suburban, and urban environments.

The 690 voluntary physicians on the attending staff of Presbyterian-St. Luke's Hospital are on the faculty of Rush University, as are many of the attending physicians at our affiliated hospitals. The university's faculty includes 1,600 clinicians and scientists.

Many members of the attending staff at Presbyterian-St. Luke's have private practice offices located in the Professional Building on campus. Postgraduate training in many departments includes opportunities to follow patients in these offices.

History of the Medical Center

The traditions of Rush-Presbyterian-St. Luke's Medical Center began with Rush Medical College, which graduated over 10,000 physicians from its founding in 1837 until it suspended its activities in 1942. The graduates and the faculty of Rush played major roles in the establishment of the medical schools of both Northwestern University and the University of Chicago.

In 1883, at the urging of the Rush faculty, Presbyterian Hospital was founded as the first voluntary hospital in the country built for the patients and students of an academic medical facility. In 1956, Presbyterian Hospital merged with another long established, community-based hospital, St. Luke's, to form Presbyterian-St. Luke's Hospital.

In 1969, an incorporation joined the charters of the inactive Rush Medical College and the hospital to form the Rush-Presbyterian-St. Luke's Medical Center. The medical college resumed activities shortly thereafter, admitting students in 1971.

Rush University was created in 1972 when the College of Nursing joined Rush Medical College. These two colleges were joined by a third, the College of Health Sciences in 1975. Professional degrees from baccalaureate to doctoral levels are now granted by the College of Nursing and the College of Health Sciences.

Facilities

Rush-Presbyterian-St. Luke's Medical Center is located in Chicago in the northeast corner of the 350-acre Medical Center District of the State of Illinois. The Rush campus currently comprises eighteen buildings, including the 864-bed Presbyterian-St. Luke's Hospital, the Marshall Field IV psychiatric outpatient facility, classrooms and laboratories, research facilities, student housing, and a day care center for children of students and employees. The Library of Rush University, the oldest medical library in Chicago, is located in the university's Academic Facility. The library has an impressive collection of books and periodicals and provides interlibrary loan and Medline search services for faculty and students. An outstanding collection of 4,500 rare medical books, many dating from the seventeenth century, is available for research.

The 176-bed Johnston R. Bowman Health Center for the Elderly (JRB) was specifically designed for short-term care of the aged patient. It offers a wide range of services to the elderly through its outpatient facility and through inpatient services for those admitted from the community, or transferred from Presbyterian-St. Luke's or

G1	G2	G3	G4	G5	G6	G7				
Family Practice			Peds. Specialties							
Pediatrics							Allergy-Immun.			
Internal Medicine							Med. Specialties			
			Dermatology							
							Neurology			
							Psychiatry			
			Pathology							
							Neuro P.			
							Obstetrics-Gynecology			
			Anesthesiology							
General Surgery					Plastic					
					CV-Thoracic					
					Otolaryngology					
					Urology					
					Neurosurgery					
					Orthopedics					
Ophthalmology										
Diagnostic Radiology										
Therapeutic Radiology										

**NRMP Program Numbers for the First Year
of Graduate Medical Education**

	Rush Clinical Network Hospitals					
	Presbyterian- St. Luke's	Mount Sinai	Community Memorial	Christ	Swedish Covenant	West Suburban
Family Practice	114718	—	303718	#	115918	117318
Internal Medicine	114768	114468	—	113132*	—	—
Pediatrics	114780	#	—	#	—	—
Obstetrics/Gynecology	114771	114471	—	#	—	—
Psychiatry	114776*	114482	—	—	—	—
	114733*					
Surgery	114784	114484	—	#	—	—
Neurosurgery	114792*	—	—	—	—	—
Ophthalmology	114794*	—	—	—	—	—
Orthopedics	114795*	#	—	#	—	—
Otolaryngology	114796*	—	—	—	—	—
Urology	114789*	—	—	—	—	—
Anesthesiology	114777	—	—	—	—	—
Pathology	114775	—	—	—	—	117375
Diagnostic Radiology	114787	114487	—	—	—	—
Therapeutic Radiology	114799*	—	—	—	—	—
Flexible	—	114420	—	—	115920	117320

* = Diversified Program

= Integrated Program

Note: Programs available at Network hospitals are subject to change. Consult the **NRMP Directory** to verify program availability.

A program in clinical psychology for predoctoral interns and postdoctoral fellows also is offered at Rush through the College of Health Sciences. Information is available from the Director of Clinical Training, Department of Psychology and Social Sciences.

other acute care facilities. The top two floors of the facility contain residential apartments for independent elderly people.

The Sheridan Road Pavilion (SRP) is a 138-bed hospital on Chicago's north side, and an integral part of Rush-Presbyterian-St. Luke's Medical Center. SRP has medical, surgical, and psychiatric services, as well as a modern oncology unit and an alcoholism treatment program. House officers and medical and nursing students are assigned to SRP on a rotation basis.

The Rush System For Health

The Rush System for Health is a prototype developed to provide all levels of health care to a defined population of 1.5 million, in various locations throughout the city and in suburban, semirural, and rural areas throughout northern Illinois. Rush-Presbyterian-St. Luke's is the hub of the system's twelve other health care institutions. In addition to providing health care, the network educates and trains the health professionals required to repopulate the system, and supports basic and applied research that will enhance future health care. The cooperative programs among these network institutions provide a broad base for referral of patients with a variety of care requirements.

Educational programs at undergraduate and graduate levels have been developed between Rush University and its clinical network affiliates. Fully integrated residency programs currently exist in five departments among three network institutions (see page 10). Residents rotating through affiliated hospitals encounter the complete range of medical experience in their specialty, and gain insight into different needs of different communities. These clinical affiliates offer a broad base for clinical research and enhance the promulgation and exchange of new ideas. Staff members of network hospitals share in teaching responsibilities, and participate in the continuing education programs of the Medical Center as faculty members of Rush University.

In addition to Rush-Presbyterian-St. Luke's Medical Center, the clinical network consists of:

Bethany Hospital, Chicago	166 beds
Central DuPage Hospital, Winfield	353 beds
Christ Hospital, Oak Lawn	850 beds
Community Memorial General Hospital, LaGrange	276 beds
Galesburg Cottage Hospital, Galesburg	265 beds
Grant Hospital of Chicago, Chicago	508 beds
Mile Square Health Center, Chicago	outpatient facility
Mount Sinai Hospital Medical Center, Chicago	440 beds
Schwab Rehabilitation Hospital, Chicago	55 beds
Skokie Valley Community Hospital, Skokie	271 beds
Swedish Covenant Hospital, Chicago	345 beds
West Suburban Hospital, Oak Park	372 beds

Patient Care (for fiscal year ended June 30, 1979)

Attending Physicians	690
Presbyterian-St. Luke's Hospital	
Bed capacity (excluding bassinets)	873
Total admissions (including newborn)	28,424
Total days patient care (including nursery)	282,675
Occupancy	87%
Emergency room visits	32,544
Blood transfusions	29,040
Sheridan Road Pavilion	
Bed capacity	138
Total days patient care	23,340

Johnston R. Bowman Health Center for the Elderly	
Bed capacity	176
Total days patient care	30,085

Rush University (Rush Medical College, College of Nursing, College of Health Sciences)	Faculty and Staff	1,994
	Student body (including house officers)	1,355
	For a complete list of Rush Medical College faculty, see the Rush Medical College Bulletin.	

Research

Opportunities are available for house officers to participate in master's and doctoral programs in conjunction with their graduate medical education. Approximately four percent of the current Medical Center budget is devoted to research, and the proportion is growing. The commitment has involved annual expenditures in the area of \$8.1 million, funded by private agencies, foundations, cooperations, federal and state agencies, and individuals.

The Medical Center has a number of interdisciplinary committees for patient care, in which physicians, surgeons, scientists, psychologists, and nurses develop integrated therapies for patients with diseases such as multiple sclerosis and rheumatoid arthritis. The interdisciplinary approach also is used in the research areas, especially in the approaches to cancer, cardiovascular diseases, and orthopedics. House officers are encouraged to take an active role in the continuing exchange of information and insight.

Research projects in progress	734
Research publications	706
Research awards, 1978-79	\$8,129,384

Programs in Graduate Medical Education

Graduate medical education programs offered at Rush, along with the minimum requirements for specialty board certifications, are shown on the chart on page 9. All G-1 positions are offered through the National Resident Matching Program (NRMP; see table on page 10 for program numbers).

Residency programs in obstetrics and gynecology, orthopedics, general surgery, pediatrics, and family practice are fully integrated with those at network hospitals. Recruitment for residency and fellowship positions at Rush is handled by individual department chairmen. Inquiries about our programs and requests for applications should be addressed to them (see program descriptions that follow).

Separate programs in various specialties are offered at a number of our network institutions under the supervision of Rush faculty members. Information about these programs can be obtained by calling or writing the program directors at these institutions (see page 14 for addresses).



For Further Information

Office of Graduate Medical Education
Rush-Presbyterian-St. Luke's Medical Center
600 South Paulina Street
Chicago, Illinois 60612
312/942-5495

Office of Graduate Medical Education
Mount Sinai Hospital Medical Center
2750 West 15th Place
Chicago, Illinois 60608
312/542-3603

Director of Medical Education
Christ Hospital
4440 West 95th Street
Oak Lawn, Illinois 60453
312/425-8000

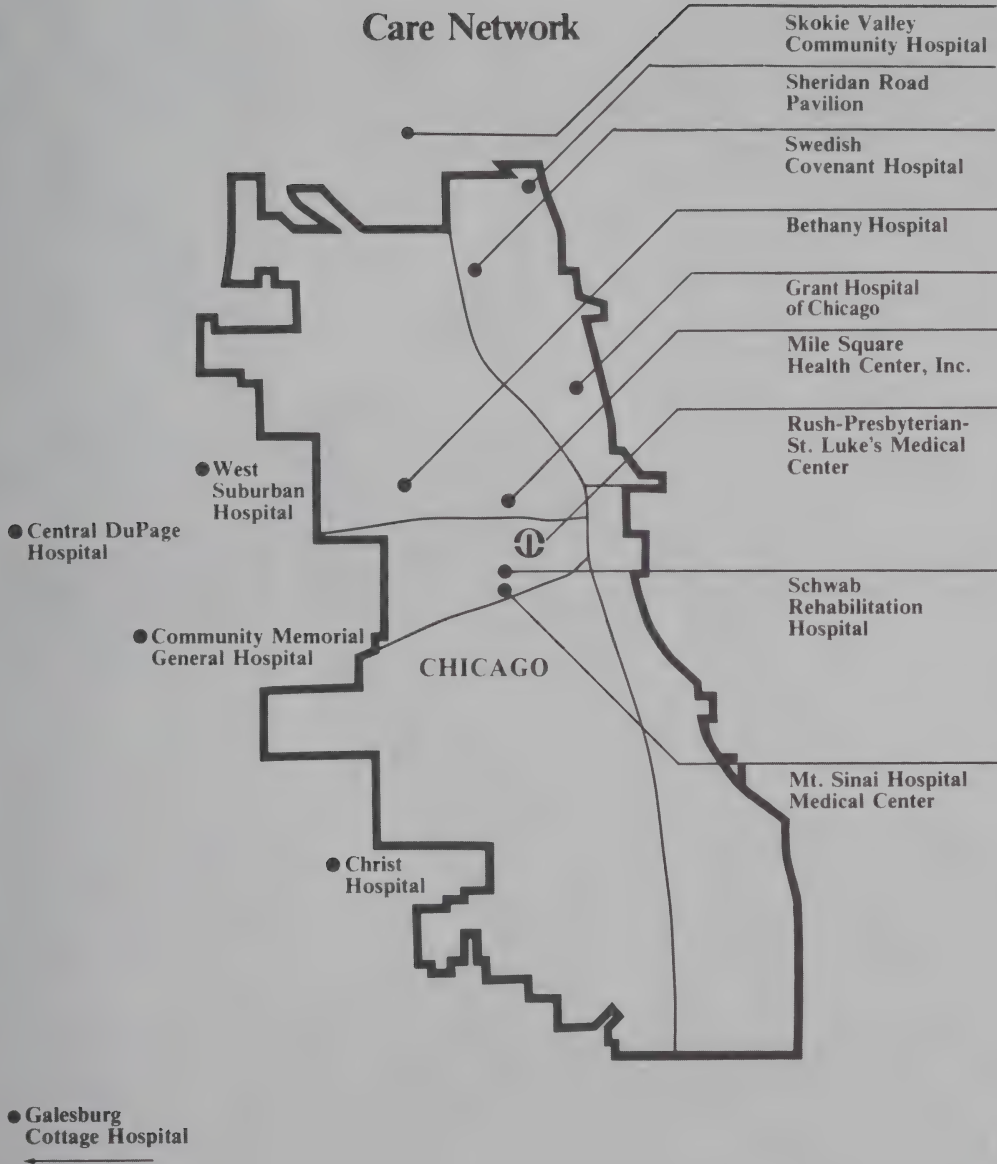
Director, Community Family Practice Center
Community Memorial General Hospital
5101 Willow Springs Road
LaGrange, Illinois 60525
312/352-7470

Director, Family Practice Residency Program
Swedish Covenant Hospital
5145 North California Avenue
Chicago, Illinois 60625
312/878-8200

Director of Medical Education
West Suburban Hospital
518 North Austin Blvd.
Oak Park, Illinois 60302
312/383-6200

Director of Medical Education
Grant Hospital of Chicago
550 West Webster Avenue
Chicago, Illinois 60614
312/883-2000

Care Network





The
House Officer
at Rush-
Presbyterian-
St. Luke's

The Agreement

The preamble to the 1980-81 contract developed by officers of the House Staff Association and members of the Medical Center management staff establishes their common understanding.

“The terms of this agreement recognize that it is in the best interests of the public and the Medical Center’s patients to assure the performance of the respective obligations of the parties, that provision of the highest possible quality of health care along with supervised graduate medical education is the first priority of the parties, that there is a need for flexibility within the working relationship of the parties, and that a fair and frank understanding of the rights and responsibilities of both parties is important at the onset of and throughout their relationship . . .”

Each house officer is free to negotiate modifications in the basic contract, which has a one-year term.

In addition to provisions for compensation and benefits, which will be discussed below, the basic contract also provides that:

- Appointment as a house officer carries with it an appointment to the faculty of Rush Medical College of Rush University.
- House officers will receive semi-annual written evaluations of performance from department chairmen and will in turn provide their own written evaluations of their program twice a year.
- There will be additional compensation when house officers are on in-hospital call more than one-third of the nights they are assigned to a service per month.
- An elected House Staff Association Executive Committee will meet regularly to discuss and recommend improvements in the graduate medical education program.
- There is a formal grievance procedure, with provision for hearing and appeal.

The contract recognizes that while the House Staff Association has acted on behalf of its members, the association is not a formal bargaining agent within the meaning of the National Labor Relations Act. House officers are eligible to be members of the association, but membership is not required. No dues are assessed.

Stipends and Benefits

House staff stipends for 1980-81 are as follows:

First-year post-M.D.	\$17,380
Second-year post-M.D.	18,430
Third-year post-M.D.	19,480
Fourth-year post M.D.	20,530
Fifth-year post-M.D.	21,580
Sixth-year post-M.D.	22,630
Seventh-year post-M.D.	23,680
Eighth-year post-M.D.	24,730

Other Benefits Include

- Individual and family coverage in Blue Shield or the Anchor Organization for Health Maintenance, at nominal monthly rates.
- Individual and family coverage in Blue Cross at no charge.
- Professional liability insurance for Medical Center-related activities.
- Workmen’s compensation.
- Voluntary participation in Medical Center-approved tax-sheltered annuity programs.
- Professional courtesy on drugs from the Medical Center pharmacy for house officers and their immediate families.
- Uniforms provided and maintained at no cost.
- Garage parking privileges provided by the House Staff Association at no charge.

- Twenty-one days vacation with pay per year.
- Maternity leave, Armed Services Reserve duty leave, and seven days educational leave scheduled as mutually agreed with department chairman.
- Long-term disability insurance coverage at no charge, available through the House Staff Association.
- Dental insurance coverage at no charge, available through the House Staff Association.
- Customary lodging and meal reimbursement while on call.
- Life insurance coverage at no charge, available through the House Staff association.
- Free physical examinations.
- Assistance, where appropriate, in licensure, housing, placement, and application for individual specialty board requirements.
- Travel accident insurance coverage while on Medical Center business.
- Participation in Medical Center tuition reimbursement program.
- Bereavement pay.

The House Staff Association

The House Staff Association is a membership organization. Officers for 1979-80 were:

Benjamin B. LeCompte, III, M.D.
Neurosurgery, President

Mary C. Tobin, M.D.
Internal Medicine, Vice President

Dino S. Delicata, M.D.
Otolaryngology, Secretary

Roseanne Krinski, M.D.
General Surgery, Treasurer

Aaron G. Rosenberg, M.D.
Orthopedic Surgery, Social Chairman

The executive committee meets monthly and there are periodic general assemblies. The association provides house staff representatives for a number of university faculty and hospital medical staff committees, including Student Affairs, Admissions, Graduate Medical Education, the Hospital Committee on Research, the Hospital Utilization Review Committee, the Joint Accreditation Committee, and a variety of area committees such as Infectious Disease and Aseptic Control.

Housing

There are unfurnished apartments ranging from efficiency to two-bedroom within walking distance of the Medical Center. In addition, the city and suburbs offer a diversity of housing and life styles. Because the Medical Center is located just slightly to the west of downtown Chicago, it is within comfortable commuting distance, half an hour or so, of all areas of the city and most adjacent suburbs. Apartments near the campus are within 15 minutes of the cultural, shopping, and recreational activities of Chicago's Loop, the parks and beaches along Lake Michigan, and the intellectual, cultural, and social resources of the entire city.

Medical Sciences and Services

Henry P. Hesse, M.D.,
Associate Dean for
Medical Sciences and Services
and Assistant Vice President
for Medical Affairs

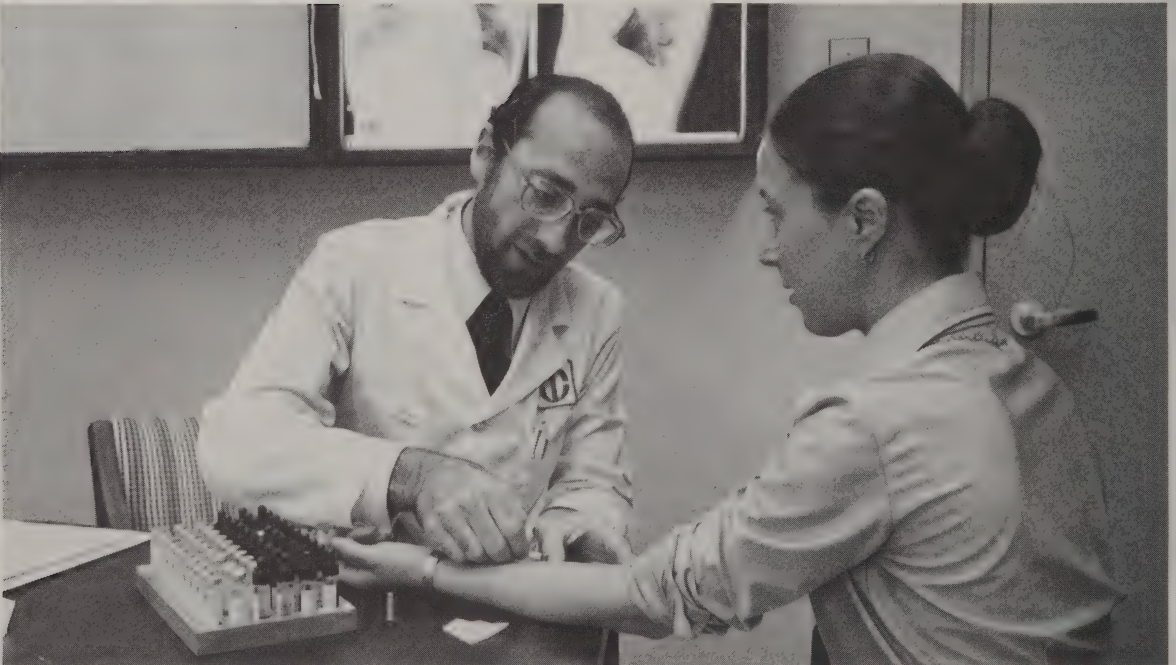


The focus of the training program in allergy and clinical immunology in the Department of Immunology is to provide intensive and diversified training in all aspects of clinical immunology. The program offers residents and fellows experience in care of inpatients and outpatients. Fellows spend their entire first year of training in clinical allergy and immunology. They are directly responsible for the care of patients with immunologic diseases. Fellows take an active role in the education of rotating residents and medical students. Teaching consists of formal and informal hospital rounds, patient care conferences and basic and clinical conferences scheduled on a regular basis throughout the week.

The clinical service in the training program involves the care of patients with the classical allergic diseases of urticaria, rhinitis, asthma and pulmonary hypersensitivity diseases, as well as immunodeficiency diseases and systemic hypersensitivity diseases including vasculitis and systemic lupus erythematosus. First-year fellows have subspecialty assignments in pulmonary medicine, medical infectious diseases and rheumatology. During the second year of training, fellows may elect additional subspecialty training in oncology, dermatology, nephrology, or hematology.

During the second year of the two-year training program, the major emphasis is on acquiring skills in areas of research in allergy and clinical immunology. Seventy-five percent of the fellow's time is devoted to research; 25 percent is devoted to ongoing patient care activities. Research is formalized and under the direct supervision of one of the attending staff. Research in a variety of areas of allergy and clinical immunology is ongoing and close ties are maintained with current research programs of the Department of Immunology.

Fellows must have completed training in internal medicine or pediatrics as a prerequisite to acceptance. Please direct inquiries to Allan T. Luskin, M.D., Department of Immunology.



Frederick D. Malkinson, M.D., D.M.D., Chairman

The Department of Dermatology offers a three-year residency training program accredited by the American Board of Dermatology. The focus of training is on clinical and histologic diagnosis and care of patients with skin diseases. There is special emphasis on systemic disease—skin disease associations and relationships. The understanding of normal skin care as it relates to preventive medicine aspects of dermatology is stressed. The tutorial method of clinical teaching is intensively applied and is enhanced by a high staff-to-trainee ratio.

During the first year, the resident participates in the outpatient service by making initial contact with new patients and discussing diagnostic and therapeutic impressions under supervision of the attending physician. The resident learns routine and special diagnostic procedures such as biopsies and minor excisions, patch testing, dark field examination, and KOH examination for fungi. The resident gradually assumes more responsibility for patient care. Each hospitalized patient is assigned to a specific resident who is responsible for organizing his/her workup and treatment. Second-year residents assume greater independence and also assist in the clinical training of medical students and residents from other services. Third-year residents assume additional responsibilities, such as independent conduct of clinics at one associated facility, and preparing and giving lectures and other formal teaching sessions for medical students and other health sciences students and practitioners.

Patients admitted to the service are available for teaching, and clinical experience encompasses a broad scope of problems including severe blistering diseases and drug eruptions, psoriasis and dermatitis, cutaneous malignancies, connective tissue diseases and complicated diagnostic problems. Active teaching clinics are also conducted in the private outpatient offices located in the Professional Building. The department sees approximately 7,500 patients each year, 500 of whom are hospital consultations.

The residency training program may be individualized in several ways. Residents who are fully trained in other specialties, such as internal medicine or pediatrics, can usually qualify for dermatology specialty board examinations after two or two-and-one-half years of training in dermatology. Dermatology residents have the opportunity to rotate to other services in the institution, for example, infectious diseases and immunology. Weekly formal journal club meetings and histopathology conferences are supplemented by lectures and seminars in the various dermatological basic sciences. Clinical problems are presented and discussed at monthly staff conferences. Residents also attend the monthly meetings of the Chicago Dermatological Society. National and regional dermatological meetings, as well as other scientific meetings, may be attended on a selective basis.

The dermatology department is engaged in the investigation of the effects of drugs and ionizing radiation on hair matrix cells, the ultrastructure of blistering and hereditary diseases, photo-induced drug reactions, and cell culture of keratinocytes. Residents are encouraged to participate in these projects and also in clinical investigations. In addition, they may affiliate with other departments for clinical or basic science research projects.

Inquiries concerning the program should be directed to the chairman.

The Department of Family Practice offers a three-year combined hospital residency, the Rush-Christ Residency in Family Practice, with an optional one-year fellowship to train family physicians to assume a leadership role as future teachers of family medicine. The Rush-Christ Residency in Family Practice is a strong university-based program. Emphasis is on teaching and educational opportunities for the resident, combined with community-oriented training at Christ Hospital, in suburban Oak Lawn. The residency program is accredited by the Residency Review Committee for Family Practice.

The *sine qua non* of family practice is the knowledge and skill that allows the physician to confront relatively large numbers of unselected patients and to develop therapeutic relationships with these patients and their families over extended periods of time. The residency is structured to prepare the physician for this role. There are eight residency positions in each year of the program and one fourth-year fellowship is offered.

During the first year, residents spend six months in internal medicine. There is a three-month rotation in pediatrics at Rush where the resident trains in the adolescent ward, the nursery and the emergency room. Three months of rotation in obstetrics and gynecology are at Christ Hospital. The residents spend approximately one-half day per week seeing their own patients in the Christ Hospital Family Practice Center. All conferences are scheduled at the Family Practice Center at an appropriate time so that there is no conflict with the residents' responsibilities while on rotation to Rush-Presbyterian-St. Luke's Medical Center.

In the second year, residents take an additional three months of pediatrics at Rush, a one-month rotation in neurology, a two-month rotation in general surgery, a six-week rotation in emergency medicine at Christ Hospital, and additional rotations in radiology, dermatology, orthopedics and otolaryngology. Residents spend approximately two afternoons a week seeing their own patients in the Family Practice Center at Christ Hospital.

In the third year, inpatient experiences include approximately three months of internal medicine electives, other electives to meet the needs of the particular resident, a minor surgery rotation, a six-week community medicine rotation, an inpatient psychiatry rotation and a six-week rotation as Chief Resident for the Family Practice Center. Residents spend approximately 20 hours per week seeing their own patients in the Christ Hospital Family Practice Center. Behavioral sciences and clinical psychology experiences are continuous over the three years.

This is a combined hospital residency program. All Family Practice Center training is at Christ Hospital where, for the entire three years, residents maintain continuity of care with their patients. A team approach is used. By the third year, each resident will be caring for a minimum of 150 families. The integration provides residents with experiences at both a tertiary care academic medical center and a high quality private practice, community-oriented teaching hospital.

The resident will be prepared to evolve into a family physician who can deal with injuries or illnesses as well as the social, environmental, and emotional factors that influence them. This will



lead to a relationship with families which will be a truly unique human experience.

Each resident's program can be individualized through electives to meet his or her personal interests, career objectives and the clinical responsibilities to be faced in the community. Graduated responsibility is the prevailing objective—residents occupy their own offices and provide care to their own patients. The holistic approach to primary care is encouraged. This is strengthened by a family practice chaplain and a medical social worker assigned to the center. Research, community medicine, preventive medicine and public health add perspective to the physicians' humanistic role.

Conferences held at the Family Practice Center relevant to the resident include: behavioral science conferences, conferences on office management, conferences on medical problem solving, family practice grand rounds, residents' journal club, senior ambulatory chart audit, and problem-oriented medical grand rounds. A Residency Review Committee is held monthly to discuss significant matters affecting residents.

Address all inquiries to the chairman.



**Department of
Internal Medicine**

Theodore B. Schwartz, M.D., Chairman
Stuart Levin, M.D., Associate Chairman
Robert M. Kark, M.D., Associate Chairman
Frank E. Trobaugh, Jr., M.D., Associate Chairman
Alan A. Harris, M.D., Assistant Chairman
Edsel K. Hudson, M.D., Assistant Chairman

The Department of Internal Medicine provides a three-year program of postdoctoral residency training accredited by the American Medical Association. An additional year of advanced training with teaching responsibility and an adjunct medical staff appointment is offered in a chief residency. Thirty-two first-year positions are offered annually through the National Residents Matching Program.

The first year is structured to provide intensive patient contact, utilizing some 320 medical beds divided into eight general medical units and a medical intensive care unit. This year is divided into four two-month rotations on general medical units, which have from 30 to 47 patients. Most general medical units are staffed by two second- or third-year residents, four first-year residents, and several Rush Medical College students. One month is devoted to medical intensive care experience. A final two-month period is allotted to elective study, which may be taken in any medical or surgical specialty, or in pediatrics, psychiatry, or neurology.

In the second year, the resident spends six months on a general medical unit and has two months of emergency room-triage experience. The remainder of the year is spent on elective services.

The third-year resident spends one to three two-month rotations on a general medical unit and the rest of the year in the subspecialty areas of his or her choice. Throughout the training period, each medical house officer is assigned one-half day a week to an outpatient medical practice. This continuing assignment provides the physician with the opportunity to provide long-term care.

With the expansion of Rush-Presbyterian-St. Luke's Medical Center to include affiliated network hospitals, the department has expanded its training potential to include medical unit experience in a community hospital setting. House officers may elect to spend limited periods of time at affiliated institutions with approved programs in internal medicine including, at present, Christ Hospital and Mount Sinai Hospital Medical Center. Moreover, the refurbished Sheridan Road Pavilion, an integral part of Rush-Presbyterian-St. Luke's Medical Center, provides 80 general medical beds in a community hospital. The house staff education program there is under the direction of an assistant chairman of internal medicine and is integrated with the house staff training program at Presbyterian-St. Luke's Hospital. These activities have added depth in primary patient care experience.

The Department of Internal Medicine schedules regular teaching sessions, including medical grand rounds, attending and chairman's rounds, weekly subspecialty rounds, morbidity and mortality conferences, and radiologic conferences. Seminars, lectures, and clinico-pathological conferences are conducted by staff and by visiting professors of medicine throughout the year.

The chief residents conduct grand rounds for first-year residents each Saturday morning, and provide formal conferences on the wards each week. A vigorous program of education is provided in the ambulatory care facilities of the department.

Individualization of programs is encouraged and other postgraduate programs are available, including elective rotations

through ear, nose, and throat (ENT), office gynecology, ophthalmology, and psychiatry for internists. Further intensive care experiences beyond the residency are available in the clinical and research fellowships offered by the various sections of the department.

In accordance with Section 709 of the Public Service Act, Rush-Presbyterian-St. Luke's Medical Center will, upon request from qualified applicants, offer shared-schedule residency programs in internal medicine. These programs will be designed by the department in consultation with the candidate making the request.

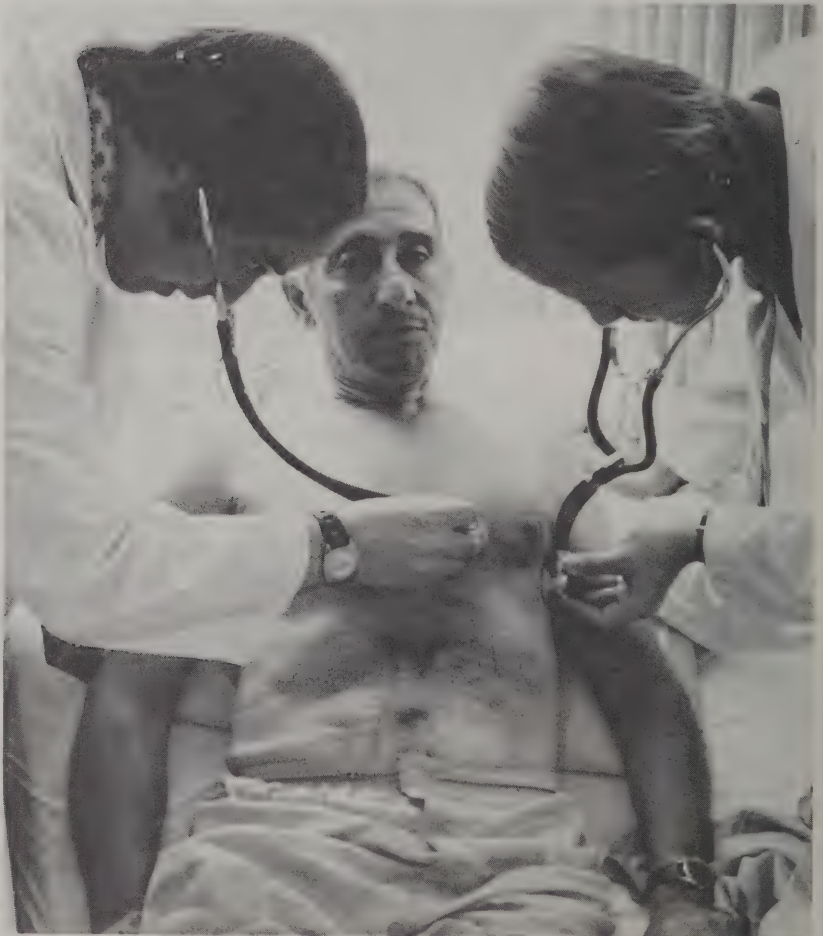
Inquiries regarding the program should be directed to the chairman.

Section of Cardiology

Joseph V. Messer, M.D., Director

The Section of Cardiology provides extensive consultation and diagnostic services, participates in medical student education in both the basic and clinical sciences, and conducts research studies involving clinical cardiology, experimental biochemistry and physiology, and computer applications.

Residents in the Department of Internal Medicine spend time in this section. Educational emphasis is on the improvement of physical diagnostic abilities in clinical cardiology, and acquisition of skills in interpretation of invasive and noninvasive studies. Particular emphasis is placed on evaluation of electrocardiographic and catheterization data.



The Cardiology Fellowship Program is a two- or three-year track, available upon completion of three years of residency training in internal medicine. The two-year program provides approximately 18 months experience in general cardiovascular medicine. Training includes consultation; cardiac catheterization and coronary arteriography; electrophysiology, including intracardiac and epicardial mapping; exercise electrocardiography; and cardiac graphics, including M-mode and cross-sectional echocardiography. Fellows also gain experience in pacemaker insertions and technology, nuclear cardiology, including gated blood pool (MUGA), scanning coronary care, phonocardiography, computer techniques in cardiology and preventive cardiology. A third year is provided for fellows who plan an academic career, and allows concentration in research and instrumentation in a specific field of cardiology.

Inquiries regarding the fellowship program should be addressed to the director.

**Section of
Digestive Diseases**

John A. Payne, M.D., Acting Director

The Section of Digestive Diseases provides endoscopic and diagnostic services, consultations and medical education in matters relating to the gastrointestinal tract. The section has two units: the gastrointestinal unit and the liver unit, which serve to fulfill these functions. In addition, the liver unit is investigating a variety of clinical and fundamental problems related to liver cell membranes, toxic and viral hepatitis, and chronic hepatitis.

Residents and students may elect to rotate for one-month periods with the liver unit or gastrointestinal unit consultation services. They will participate in the diagnostic work-ups and procedures under supervision of the attending staff. Formal teaching sessions include weekly pathology slide seminars and clinical case conferences, in addition to daily patient care rounds. Resident and student research projects are strongly encouraged and may be developed upon application to the section director.

Two-year fellowships are available to individuals who are board-eligible or certified in internal medicine. Fellows will be eligible for the gastroenterology board examination upon completion of the fellowship.

Inquiries should be addressed to the section director.

**Section of
Endocrinology and
Metabolism**

Theodore B. Schwartz, M.D., Director

Will G. Ryan, M.D., Associate Director

The focus of the Section of Endocrinology and Metabolism is a broad yet intensive approach to clinical, teaching, investigative and laboratory aspects of the discipline. In addition to providing consultations for patients with endocrine and metabolic disorders, as well as specialized procedures, the section maintains a clinical laboratory which performs a broad range of endocrine assays.

There is active research on diabetes, somatomedin, metabolic bone disease, and disorders of growth. The steroid unit of the section performs determinations of serum and urinary steroids of various types and conducts a research program on steroid metabolism in essential hypertension.

The teaching program is active at all levels. In addition to regularly scheduled endocrinology conferences, the section accepts one clinical and research fellow, who functions for a minimum of two years, and one or two medical residents who rotate through the section at two-month intervals.

The section offers residents and fellows supervised experience with inpatients. Residents spend no mandatory time in clinic. Rotations are also available in network hospitals. Research is encouraged and is either primarily clinical or laboratory in nature depending on the desires of the trainee.

Members of the resident staff are assigned for one to two months at a time. Fellowships which are approved for board certification are available at the end of the third year of residency training.

Fellows must be eligible to take the examination for certification by the American Board of Internal Medicine. Please direct inquiries to Will G. Ryan, M.D.

Section of Geriatrics

Rhoda S. Pomerantz, M.D., M.P.H., Director

The Section of Geriatrics is concerned primarily with the continuing development of the Johnston R. Bowman Health Center for the Elderly (JRB), a comprehensive restorative care and residential facility on the Medical Center campus. The clinical staff reflects the multidisciplinary nature of restorative care for the elderly and in addition to a wide variety of paraprofessionals, includes physicians trained in psychiatry, neurology, physical medicine and rehabilitation.

In order to bring community-based care closer to the elderly recipient, outpatient activities are conducted at Bowman and at a community outpatient facility at the William Jones Senior Citizens Apartments.

Research activities are directed to the identification of treatable conditions in elderly patients with dementia, and to the correlation of findings on computerized axial tomography and clinical patient observation. Other projects include an indepth study of the process of institutionalization and the development of a protocol for program evaluation.

During the 1979-80 academic year, Dr. Robert Kark, Associate Chairperson, Department of Medicine, joined the staff as Director of Geriatric Medical Education and developed a house staff education program in the Department of Internal Medicine. A geriatric fellowship is also available, as well as elective rotations for undergraduate students.

Inquiries regarding the fellowship program should be addressed to the section director.

Sections of Hematology

William H. Knospe, M.D., Director, Section of Clinical Hematology Frank E. Trobaugh, Jr., M.D., The Elodia Kehm Director, Section of Laboratory Hematology

The activities of the Sections of Clinical and Laboratory Hematology are closely coordinated. Several of the faculty are members of and participate directly in the activities of both sections.

The Section of Clinical Hematology provides consultative services for patients with hematologic malignancies, and anemias, coagulation disorders, immunohematology, and non-malignant disorders.

The Section of Laboratory Hematology provides diagnostic laboratory information and hematologic measurements for all Medical Center patients. This section is comprised of the clinical hematology laboratories, the Blood Bank and the coagulation and platelet function laboratories. The Blood Bank provides full service blood-banking, including provision of various component therapies

and frozen blood. The Clinical Hematology Laboratory is highly automated and incorporates a dedicated interactive computer to assist in expediting the reporting of results. In addition to all standard procedures for counting and identifying blood cells, the laboratories provide many highly sophisticated diagnostic hematology and coagulation laboratory procedures.

The sections offer residents and fellows supervised, clinical experience with inpatients and outpatients and opportunities to participate in diagnostic laboratory procedures. Teaching activities include daily hospital teaching rounds and weekly sectional conferences and seminars on patient-oriented problems, clinical and basic science topics in hematology, marrow morphology, clinical coagulation problems and the Medical Center's weekly lymphoma and tumor conferences. Members of the resident staff are assigned for two months at a time and fellowships are available at the end of the third year of residency training.

Participation in the research activities of the sections is encouraged. Research in the Sections of Hematology continues to span a broad range of activities. These activities include biochemical and physiological studies at cellular and subcellular levels, basic studies of pattern recognition and artificial intelligence as applied to recognition of blood cells, and clinical studies of the effect of diseases and treatment of diseases in patients.

Please direct fellowship inquiries to: Dr. Joan H. Weens, Coordinator, Continuing Education, Sections of Hematology.



Section of
Infectious Disease

Stuart Levin, M.D., Director

The Section of Infectious Disease provides consultation and care for patients with hospital- and community-acquired infections. The section is also responsible for surveillance and control of outbreaks of infection within the hospital, through the activities of the hospital epidemiologist and four nurse epidemiologists. Teaching activities include daily hospital teaching rounds, a lecture course on the pharmacology of antimicrobial agents, and a series of lectures in the second-year medical school curriculum on the pathophysiology of infectious disease. A weekly three-hour research and case discussion conference is held. The laboratory of the section is available for investigative activities. Current areas of research interest include: (1) the development of rapid methods of identification of etiologic agents of infection; (2) clinical, pharmacological, and efficacy studies of new antibiotics; and (3) studies on the evolution of antibiotic-resistant organisms. Members of the section serve as consultants to the City of Chicago Department of Health and are involved with investigations of citywide outbreaks of infections.

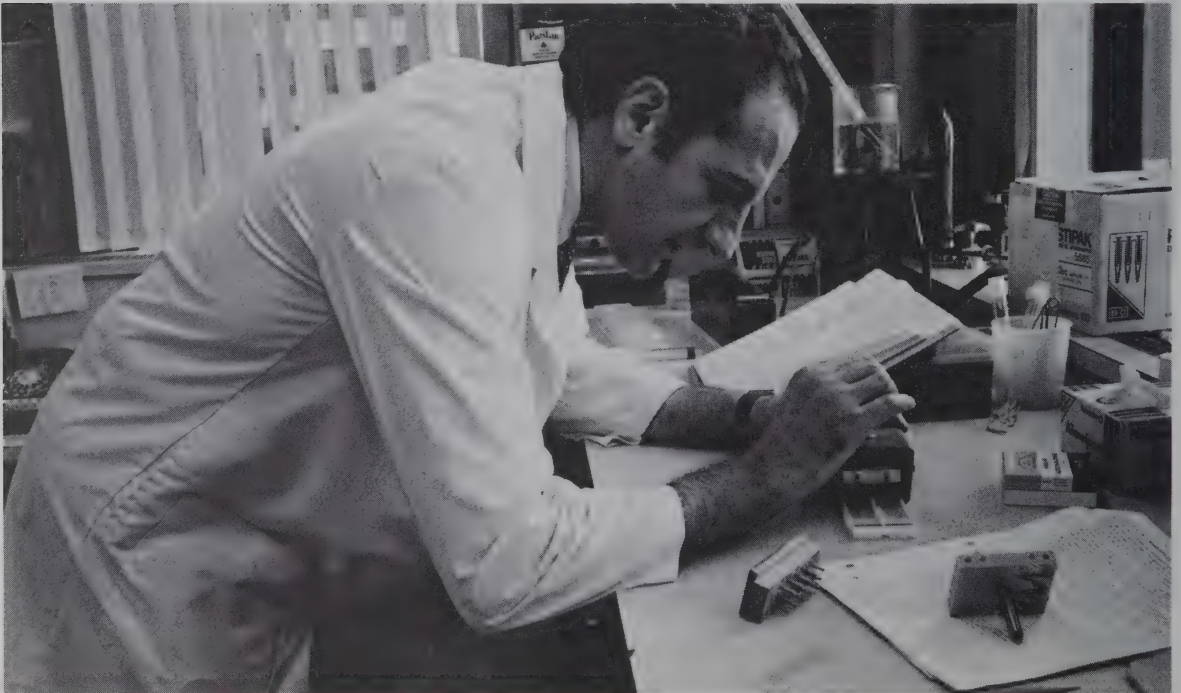
Members of the resident staff are assigned for two-month rotations. Two-year fellowships are available after the third year of residency training in medicine. Applications for fellowships should be made to the director of the section.

Section of
Nephrology

Edmund J. Lewis, M.D., Director

Patients with hypertension, diseases of the kidneys and genitourinary tract, or electrolyte and metabolic problems are studied and treated by the staff of the nephrology section. The laboratories of the unit are available for many special studies, including immunological investigations of serum and biopsy material. There are active acute and chronic dialysis programs. Patients with chronic intermittent dialysis or transplantation are cared for by the staff of the section.

The section is pursuing research on immunological aspects of



renal disease. Systemic lupus and cryoglobulinemia are a particular area of interest. A cell biology program is being carried out in concert with members of the Department of Pathology.

There are daily clinical conferences with the renal pathologists to review tissues from patients who have had renal biopsies. Each week, there are regular research meetings, a renal pathology conference, a renal-urologic-radiologic conference, and a nephrology conference.

Members of the resident staff are assigned to the section for one- or two-month rotations, and research fellowships are available at the end of the third year of residency training. Applications for fellowships should be made to the director of the section.

Section of Oncology

Jules E. Harris, M.D., The Samuel G. Taylor III, M.D., Director

The educational program of the Section of Oncology emphasizes that patients with cancer may live long, productive, and useful lives if properly treated. Each year, the Section of Oncology sees 1,200 new cancer patients, who provide an ample and varied spectrum of oncological problems. The residents and fellows follow and study these patients under the direction of members of the section. New patients and problems are discussed at biweekly meetings.

The section's program stresses the importance of a combined approach to tumor therapy using the resources of the departments of surgery, therapeutic radiology, pathology, and nuclear medicine. There are weekly breast, tumor, lymphoma, and gynecologic tumor conferences. The section is also involved in many of the clinical trials sponsored by the Eastern Cooperative Oncology Group, National Surgical Adjuvant Breast Project, and the Gynecologic Oncology Group. Pilot studies involving chemotherapy and immunotherapy are undertaken in association with the institution's affiliated network of hospitals.

A four- to eight-week rotation stressing clinical aspects of cancer is offered for residents. One- to three-year clinical fellowships are available and provide indepth training in medical oncology, with rotation through related clinical fields and laboratories if desired. Research experience in the section's laboratories is offered to selected trainees. The fellow is prepared for board certification in medical oncology. Application should be made to the director of the section.

Section of Pulmonary Medicine

Robert W. Carton, M.D., Director

The Section of Pulmonary Medicine provides specialized consultation service for patients with diseases of the lungs and thorax. In addition to the clinical service, the section is responsible for the pulmonary laboratory, chest physical therapy and respiratory therapy. Fiberoptic bronchoscopies and other special procedures are performed.

The fellowship generally lasts two years and offers extensive participation in all of the above. Fellows manage an outpatient clinic held once a week. Supplementary rotations through the intensive care unit, allergy, infectious disease and chest surgery round out the experience. Much of the teaching is on a personal basis. The section conducts two conferences a week. Research experiences are available in the areas of expertise of individual faculty members.

The fellowship prepares candidates for the specialty board of pulmonary medicine. Prerequisites for the fellowship are two years in an approved residency program in internal medicine or the equivalent.

Inquiries should be directed to Dr. Robert W. Carton.

Section of
Rheumatology

John Verrier Jones, B.M., B.Ch., F.R.C.P., the Willard Wood Director
The focus of the Section of Rheumatology is to provide a clinical and teaching program in rheumatology together with a research group involved in the study of immunological abnormalities in systemic lupus erythematosus (SLE) and their control by plasmapheresis.

The section offers residents and fellows supervised experience with inpatients and outpatients. Residents spend approximately 20 percent of their time seeing outpatients. They are responsible for some initial interviews and examinations. Rotations are also available in other departments and network hospitals. Teaching consists of informal rounds, patient conferences, an x-ray session, and instructional seminars covering topics of current interest. Research is encouraged and includes access to laboratory work in immunological aspects of SLE. Members of the resident staff are assigned for one month at a time and fellowships are available at the end of the third year of residency training.

Fellows must be board-eligible as a prerequisite to acceptance. Please direct inquiries to the director of the section.

Department of
Neurological Sciences

**Maynard M. Cohen, M.D., Ph.D., The Jean Schweppe Armour
Chairman**

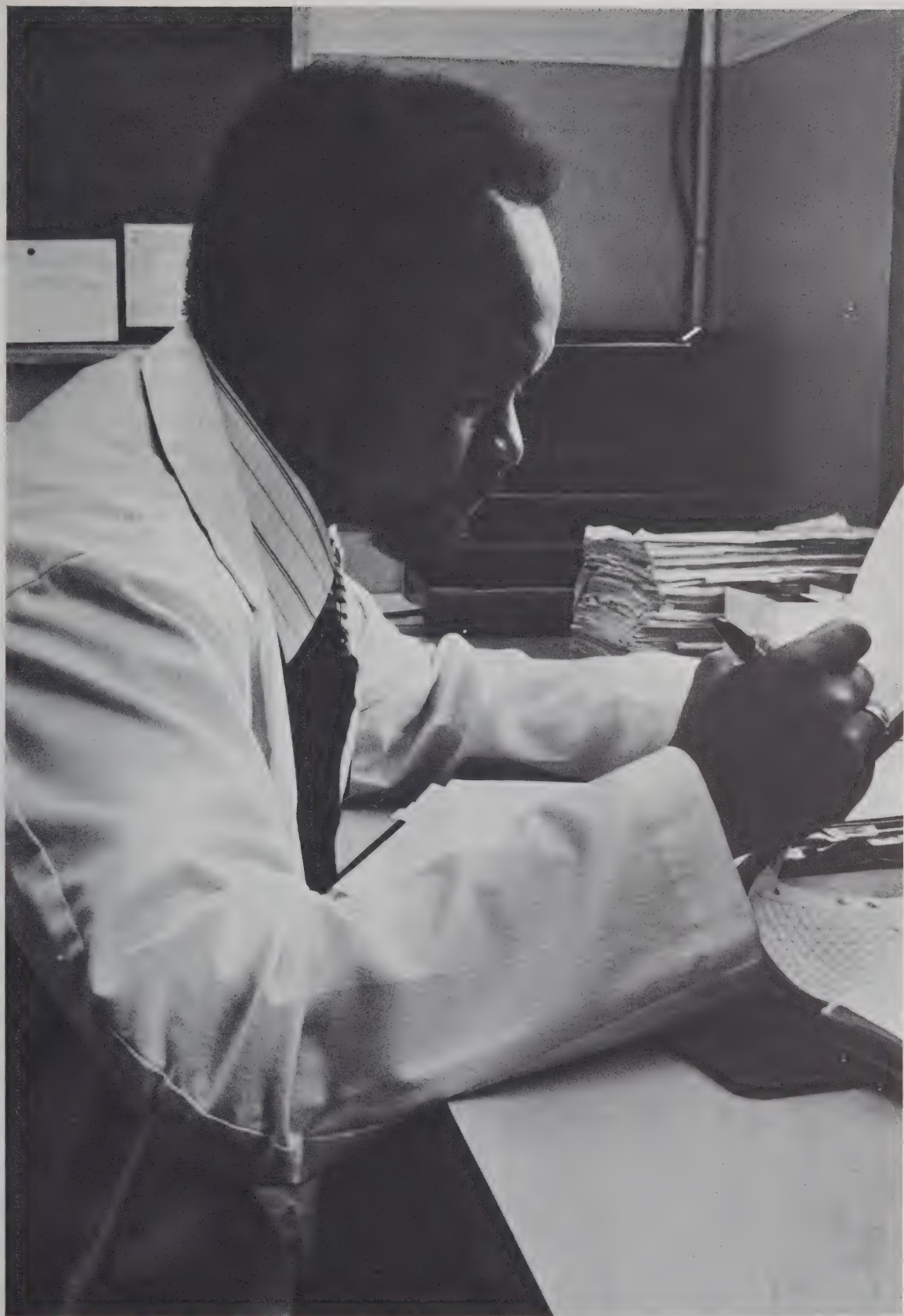
**Harold L. Klawans, M.D., Associate Chairman and Program
Director**

The Department of Neurological Sciences offers a three-year residency in neurology. One year as a resident in Internal Medicine is a prerequisite. The residency program is accredited by the Liaison Committee of the American Medical Association and the American Board of Neurology and Psychiatry.

The focus of the program is to train well-rounded clinical neurologists with a strong background in and understanding of basic neurological sciences. The first year of the neurology residency consists of nine months of clinical neurology and three months in electroencephalography. The nine months in clinical neurology is split between the inpatient service and the consultation service. Second-year training consists of three months in neuroradiology, three months in pediatric neurology, three months in neuropathology and three months in either electromyography or special clinical subspecialties. The third year consists of six months as a senior resident and six months of elective time. During this latter six-month period, the exact rotations of the resident are worked out between the resident and the program director.

All patients admitted to the neurologic service are available for teaching and clinical experience. These patients suffer from a broad range of neurological problems including movement disorders, multiple sclerosis, epilepsy, and cerebrovascular disease. Active teaching clinics also are conducted in the private outpatient offices of the Department of Neurological Sciences and include specialized clinics in epilepsy, muscular dystrophy, multiple sclerosis, and movement disorders. Residency rotations and teaching activities are also available at Christ Hospital. Throughout the three-year program, residents have primary care responsibility for outpatients in the neurology clinic.

The major feature of this program is the close contact between the faculty and the small number of selected residents. Teaching rounds are made six days a week on each of the two clinical services. Weekly teaching sessions include neurology/psychiatry liaison conference, brain cutting, neuroradiology, neurology grand rounds, neurology basic sciences conferences (for residents only), and research brain club. Extensive clinical and preclinical research is



being carried out in a wide variety of areas by members of the department. Residents are strongly urged to participate in these programs at some time during their training.

Fellowships are offered in EMG, EEG, neuropharmacology, and movement disorders/neuropharmacology.

Inquiries should be directed to the program director.

Department of Nuclear Medicine

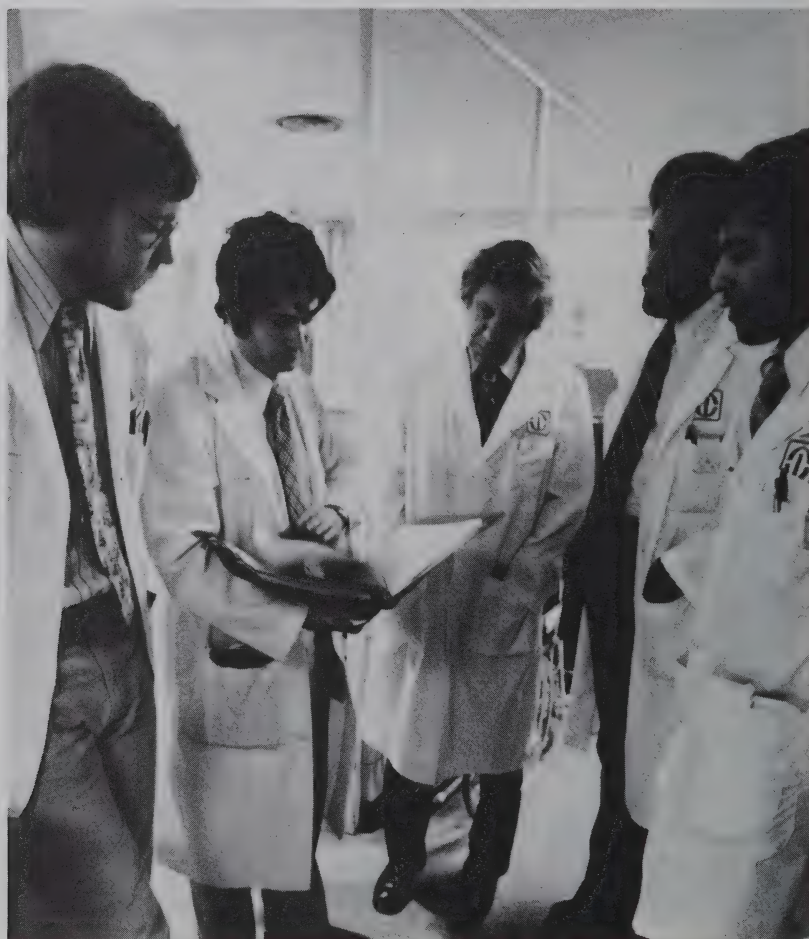
Ernest W. Fordham, M.D., Chairman

The Department of Nuclear Medicine offers a two-year residency in nuclear medicine. Applicants must have completed two years of previous training in internal medicine, radiology, pathology or a combination of these. The residency program is accredited by the American Medical Association. Upon completion of the program, trainees are qualified to take the nuclear medicine board examination.

During the two-year program, trainees rotate through endocrinology, immunology and special hematology for experience in *in vitro* studies. Special emphasis is placed on the correlation of imaging studies. Trainees are offered optional rotations in CT and ultrasonography.

The department also offers a one-year fellowship in nuclear medicine to applicants who have completed a diagnostic radiology residency. This program qualifies trainees for the special radiology board recognizing special competence in nuclear medicine.

Well over 10,000 imaging procedures are performed annually on



a wide range of modern imaging equipment including tomographic scanners (adapted for positron imaging), scintillation cameras up to 21 inches in diameter, and portable cameras with computer capability for dynamic cardiac studies.

Trainees are actively encouraged to undertake primary responsibility for their own research projects and/or to participate in ongoing departmental projects. Trainees usually attend one out-of-town meeting annually at departmental expense.

Inquiries concerning the program should be directed to the chairman.

Department of Pediatrics

Joseph R. Christian, M.D., The Woman's Board Chairman of Pediatrics

Stephen H. Sheldon, D.O., Director, Office of Pediatric Education
Howard Levy, M.D., Chairman, Mt. Sinai Hospital Medical Center
Brojendra Agarwala, M.D., Program Director, Mt. Sinai Hospital
Medical Center

Rabi Sulayman, M.D., Program Director, Christ Hospital

The Department of Pediatrics offers a three-year residency leading to certification by the American Board of Pediatrics. Fellowships are available in the various pediatric subspecialties. The program is accredited by the American Medical Association.

The Department of Pediatrics inpatient unit includes beds for newborns, infants, children, and adolescents. The patient areas are divided into a section of neonatology, which has nurseries for well babies; a perinatal center that includes neonatal intensive care and neonatal intermediate care units; 15 pediatric surgical beds; 12



intensive care beds; a general pediatric unit of 33 beds for infants and children 12 years of age and under; and 22 beds for adolescents and young adults 13 to 21 years of age. There are approximately 6,000 inpatient admissions per year, with equal distribution of medical and surgical patients.

The staff includes 41 full-time, five part-time, and 76 volunteer members. The teaching program correlates medical student and house staff training. This type of training program results in an ever-increasing opportunity for the house staff to participate in academic teaching and research. Daily experience is directed primarily toward the understanding of basic principles and practices of pediatrics.

Training for the first-year resident consists of inpatient and ambulatory assignments, with rotation through general pediatric medical, pediatric surgical, adolescent and young adult services, developmental pediatrics, and genetics.

Ambulatory experience includes appropriate services integrated with the inpatient program. Specialty experience is available in general pediatrics, in pediatric medical and surgical specialties, and on an inpatient and outpatient basis in growth and development, preventive pediatrics, allergy/clinical immunology, cardiology, endocrinology and metabolism, genetics, hematology/oncology, psychiatry, psychology, neurology, radiology, poison control, accident prevention, and birth defects.

The emergency room/triage/acute care services are staffed by residents with continuous consultation service by the full-time and volunteer staffs.

The neonatal nurseries are under the direction of the Department of Pediatrics. Approximately 300 infants are delivered each month. Under close supervision, the resident becomes acquainted with the newborn infant during and after discharge from the hospital.

The resident has inpatient responsibility and receives teaching experience under the direct supervision of a senior resident and volunteer or full-time staff members. Attending pediatricians act as supervisors and consultants to pediatric residents.

The second-year resident rotates through general pediatric medical, pediatric surgical, adolescent, neonatal, and hematology/oncology services with supervisory responsibility for G1 residents and junior and senior medical students. The third-year resident rotates through allergy/clinical immunology, cardiology, the neonatal intensive care center, the pediatric intensive and intermediate care centers, and an elective service.

The pediatric residency training program is integrated at all levels of training with inpatient and ambulatory services at Mt. Sinai Hospital Medical Center and Christ Hospital.

Inquiries concerning the program should be directed to Stephen H. Sheldon, D.O., program director.

Section of Adolescent and Young Adult Medicine

Gary R. Strokosch, M.D., Director

The focus of the section is the health care of a special group of patients approximately 13 to 21 years of age. This is pursued in both inpatient and ambulatory care settings by operating a 22-bed inpatient unit at RPSLMC, a 38-bed unit at Christ Hospital, and outpatient facilities geographically separated from younger children and designed to provide maximal comfort and peer interaction for adolescent patients.

The house staff consists of G1 and G2 residents, who are assigned as part of their routine pediatric rotations. Medical and

surgical patients are admitted to the units and are the immediate responsibility of the assigned house officers.

The inpatient and outpatient care of the adolescent is integrated and multidisciplinary. Residents are expected to assume a major role in the care of adolescent patients, and participate in the activities of various members of the patient care team including nurses, social workers, psychologists, medical subspecialists, dietitians, etc.

Section of
Allergy/Clinical
Immunology

John Hyde, M.D., Director

Allergy/Clinical Immunology training includes both inpatient and outpatient experience. The resident spends approximately 70 percent of his or her time in a clinically related capacity, providing a consultation service for both inpatients and outpatients.

Teaching consists of informal ward rounds, journal clubs, allergy and immunology lectures, seminars and patient presentation conferences. Research, clinical immunology studies and laboratory work in the graduate departments of microbiology and immunology are available. Application of the tools of clinical immunology include newer immunological techniques and B and T cell function, as well as complement function.

Fellowships are available at the end of the third year of residency training.





Section of
Ambulatory Pediatrics

Richard Belkengren, M.D., Acting Director

The diversified program in ambulatory and community pediatrics is designed to prepare the physician for a career either in pediatric practice or in academic ambulatory pediatrics. The section offers supervised experience in screening and crisis care, comprehensive care, continuity care, preventive pediatrics, adolescent medicine, and subspecialties. House officers have the opportunity to follow their own patients during hospitalization.

The outpatient program offers the house officer an opportunity to work in several settings: hospital-based clinic practice, health maintenance organization, multi-specialty group practice, community-based clinics and single specialty (pediatric) group practice.

The program affords an opportunity to work with multidisciplinary groups dealing with children who have learning disorders, developmental problems, and multiple handicaps. Experience is gained in the effective use of resources, such as nutritionists, psychologists, public health nurses, social workers and community agencies.

Section of
Pediatric Cardiology

Gunther Bucheleres, M.D., Director

Training is given in clinical and laboratory diagnosis of pediatric heart disease. The Section of Pediatric Cardiology and the Regional Perinatal Center of Rush-Presbyterian-St. Luke's Medical Center, Mt. Sinai Hospital Medical Center and Christ Hospital work together in the care of premature infants. Clinical conferences and ward rounds develop the resident's experience in diagnosis and therapy. Invasive and noninvasive techniques and cardiopulmonary physiology are taught in several specialized laboratories. The section members participate in intraoperative procedures and postoperative patient care.

Detailed analysis of the pathologic anatomy of cardiovascular disease is pursued in collaboration with the Congenital Heart Disease Research and Training Center. Trainees in pediatric cardiology enhance their knowledge of embryology and cardiopulmonary pathology during assignments to the center.

Community Pediatrics
Program, Mile Square
Health Center

Frank Puc, M.D., Director

The development of the neighborhood health center represents a relatively new approach to comprehensive family-oriented medical care for poverty areas. The Mile Square Health Center serves a community of 23,000, half of whom are in the pediatric age group. The philosophy of the center stresses continuous, coordinated, comprehensive care.

General pediatric care is given in the center. Routine laboratory and radiological services are available on the premises.

A program for the training of nurse associates has been functioning since the inception of the center in 1967. Nurse associates function in the preventive aspects of pediatric care and "pediatric screening."

Section of
Cytogenetics and
Biochemical Genetics

Paul Wong, M.D., Director

This section provides laboratory diagnosis for cytogenetic and metabolic disorders for inpatients and outpatients at Presbyterian-St. Luke's Hospital. Patients are referred from both inside and outside the city of Chicago. They include infants with physical malformations, patients of pediatric and adult age with metabolic disorders, parents with fertility problems, recurrent

miscarriages, or abnormal children. Students, residents, graduate students, or other professionals working in the section learn pedigree analysis, diagnostic procedures, counseling, therapeutic approaches, and prenatal diagnostic techniques. Pediatric residents rotate through this service as part of their training program.

The pediatric resident participates in the consultation service during the third year of training, is encouraged to participate in ongoing research projects within the section and to develop knowledge and appreciation of the scientific method and research protocols.

**Section of
Hematology/Oncology**

Mila Pierce, M.D., Director

Participating in the Cooperative National Children's Cancer Study Group, the pediatric hematology and oncology section is very active. The service provides both inpatient and outpatient consultation services.

The pediatric resident rotates on the service during the third year and works directly with the pediatric hematology and oncology attending physician and fellow. The resident participates in laboratory procedures, tumor conferences, bone marrow conferences, lectures, seminars and ward walks.

**Section of
Human Development**

Cecilia Brocken, Ph.D., Director

The Section of Human Development provides services for the pediatric patient in the context of the family, and integrated medical pediatric practice with human development and behavior.

Psychologists on the staff provide a full range of psychological services, with particular attention to the child and adolescent under the stress of illness and hospitalization. The Birth Defects Special Treatment Center, directed by a pediatrician, offers comprehensive care for children with birth defects, including provision for long-term followup.

In addition to the educational opportunities inherent in the collaborative patient care given by the medical and developmental staffs, the section conducts an educational/training program called developmental pediatrics. The faculty for this program is a loose coalition of representatives from the Birth Defects Special Treatment Center, the Child Protective Services Team, communication disorders, pediatrics, neurology, pediatric psychology, physical therapy, social services, and the Children's Day Hospital. Two major educational approaches are utilized: a required 10-to-12 week rotation and regularly scheduled teaching conferences.

**Pediatric Infectious
Disease Program**

Stuart Levin, M.D., Acting Director

The Pediatric Infectious Disease Program was established to develop programs in infectious diseases within the pediatric setting. Cooperation and assistance is provided for continuing surveillance of pediatric infections and appropriate preventive activities.

A resident is regularly assigned to the Pediatric Infectious Disease Program for three months of special training. A one-year fellowship is available in pediatric infectious diseases.

The investigative activities of the program include: (1) basic research involving the study of possible etiology of collagen diseases; (2) studies on the evaluation of antibiotic-resistant organisms; (3) clinical research relating to the study of incidence and types of infectious diseases within the institution; and (4) investigative studies of major city-wide outbreaks, such as measles and diphtheria. These studies are carried out in collaboration

with the Section of Infectious Diseases of the Department of Internal Medicine and the Department of Pediatrics at Rush-Presbyterian-St. Luke's Medical Center and Mount Sinai Hospital Medical Center.

Section of Neonatology

Werner Meier, M.D., Director

The newborn services at Rush-Presbyterian-St. Luke's Medical Center, Mount Sinai Hospital Medical Center, and Christ Hospital admit approximately 7,500 babies a year.

Designated as a Regional Perinatal Center by the Illinois Department of Public Health, patients are admitted to the special care (intensive and intermediate care) and general care nurseries from both "in-hospital" deliveries and from the special care units of network hospitals via a highly specialized transport system for sick infants.

Second- and third-year pediatric trainees are assigned to the newborn service. First-year residents spend time in the normal newborn nurseries.

Neonatology fellowships are available. The fellows supervise patient care, assist with teaching and participate in research and other special projects.

The special nursery clinics provide continuity of care for babies with problems related to the perinatal period that continue after discharge. Long-term multidisciplinary followup is also conducted, including social service, psychology, physical and occupational therapy and neurology coordinated by the Section of Neonatology.

Pediatric Nephrology Program

Howard B. Levy, M.D., Director

Activities in this program include the diagnosis and management of all kidney problems seen in children, from urinary tract infections to glomerulopathies, electrolyte problems and hypertensive disorders. A year-long seminar is held in which topics relating to nephrology in children are discussed. Peritoneal dialysis and hemodialysis is available for the pediatric patient. Percutaneous renal biopsies are performed and facilities are available for immunofluorescence as well as electron microscopy. Research areas of interest currently focus on the broad area of hypertension in children.



The Department of Psychiatry offers a four-year residency in general psychiatry with an optional one-year fellowship to train physicians to assume a leadership role in forensic or geriatric psychiatry. The residency program is accredited by The American Board of Neurology and Psychiatry. For residents without first-year experience, a six-month assignment is arranged in medicine, neurology, pediatrics, or family practice within Rush-Presbyterian-St. Luke's Medical Center.

The focus of training is an eclectic program with a psychodynamic orientation carefully integrated with psychopharmacologic, family and community intervention.

During the first year of the program, residents spend six months in medicine, family practice, or pediatrics. Residents then spend one year on the inpatient unit, followed by six months of consultation liaison work and a year in the outpatient department. This experience is followed by a three-month rotation in child psychiatry, and residents are encouraged to take a three-month elective in either geriatric or forensic psychiatry. The balance of the program is elective, and research opportunities are available to residents in a large collaborative clinical depression research study, a study in the longitudinal course of schizophrenia using disordered thinking as a pathological measurement, and in alcoholism. There are a few opportunities for specially gifted residents in their final year of training to assume an apprentice role in private practice with the faculty as supervisors and consultants.

The Marshall Field IV Center is the administrative base of the department; it houses the Adult and Child Outpatient Psychiatric Clinic, the Adult and Children's Day Hospital, the Outpatient Alcohol Program seminar rooms and resident offices. The physical continuity, which provides access to multiple resources for clinical care and education, exemplifies the continuity of the training program. A modern psychiatric unit of 31 beds and an emergency psychiatric unit of 15 beds are an integral part of Presbyterian-St. Luke's Hospital. There is an additional 20-bed Geriatric Psychiatric Unit in the Johnston R. Bowman Center. An Adult General Psychiatric Inpatient Unit with 22 beds and a 14-bed Alcohol Treatment Unit are in operation at the Sheridan Road Pavilion. Each unit is under the supervision of a clinical director who is responsible for the quality of patient care, education and research. The major strength of the educational program is the availability of a wide range of clinical entities, including critical diagnostic problems and complicated management problems. There are 3,000 outpatient visits per year providing adequate experience for residents in continuity of care and to learn the essentials of intensive individual, group, and family psychotherapy.

The first two years of the residency are arranged so that there are didactic seminars on patient interviewing and evaluation, diagnosis of psychopathology, psychiatry, phenomenology, patient management, and psychotherapeutic and psychopharmacological modalities. More advanced residents are encouraged to pursue their individual talents while acquiring the basic skills of outpatient management. In each of the various clinical rotations, there is an attempt to provide seminars coordinated with clinical experience and therapeutic skills. In addition, there are seminars on psychohistory, styles of leadership, charisma, and applied psychoanalysis in order to broaden the scope of the resident and

adequately cover psychiatry's neighboring disciplines. Fourth-year residents are encouraged to pursue individual research projects, work in the community or develop specialized administrative skills. For residents interested in formal psychoanalytic training, the Chicago Institute for Psychoanalysis is available to residents when appropriate.

The outstanding strength of the training program in psychiatry is the balance of psychodynamic and biological psychiatry with ample opportunities for subspecialization, particularly in geriatric and forensic psychiatry. The arrangement of the program provides ample opportunities for residents to be closely supervised and have meaningful relationships with their mentors.

Inquiries should be addressed to Dr. Melvin Prosen, Director of Residency Training.



Section of
Geriatric Psychiatry


J. Weinberg, M.D., Director

In collaboration with the Illinois Psychiatric Institute, two fellowships are offered per year in geriatric psychiatry. The focus of study is on clinical care and psychosocial/psychopharmacological research of the aged.

Section of the Law
and Psychiatry

J. Cavanaugh, M.D., Director

The Isaac Ray Center offers two fellowships per academic year in psychiatry and the law. Training focuses on evaluation and treatment of the mentally disordered patient and on evaluation of patients' criminal responsibility or fitness to stand trial.



Surgical Sciences and Services

L. Penfield Faber, M.D.,
Associate Dean for
Surgical Sciences and Services
and Assistant Vice President
for Medical Affairs

**Department of
Anesthesiology**

William Gottschalk, M.D., Acting Chairman

The Department of Anesthesiology offers a four-year residency approved by the American Board of Anesthesiology. The program is an integrated, progressive clinical experience directed toward providing excellence in the performance of anesthesiology functions. The acquisition of a broad scientific background is necessary to prepare residents for the rest of their professional lives.

The "clinical base" year is designed to provide residents with a broad medical background in the fields of medicine which are in constant interplay with anesthesiology. During either the first year or the first, second and third years of training, residents are expected to spend a total of 12 months outside the Department of Anesthesiology, training in medicine, surgery, pediatrics and other fields which may be of interest. The clinical base year should give residents the background necessary to deal with the respiratory, cardiovascular and other medical problems which are important components of intelligent anesthetic practice. After the mandatory four months of internal medicine, the resident will be given choices of training in such specialized areas as the high-risk neonatal nursery, obstetrics and gynecology, nephrology, endocrinology, cardiovascular surgery, etc. . .

During "clinical anesthesiology training" (second and third years), under the strict supervision of the academic staff, residents will be given increasing responsibilities in the management of patients undergoing surgical anesthesia in the operating room, the labor and delivery suite, and special care areas such as radiology. With increasing responsibility come assignments to specialty areas such as neurosurgery, cardiovascular surgery, obstetrics, surgical intensive care, and the Pain Center. Supervision of the residents, whenever possible, is established on a one-to-one basis with a member of the faculty.

The fourth or "optional year" follows the guidelines of the American Board of Anesthesiology. It fulfills needs for advanced training in such areas as obstetrical and cardiovascular anesthesia, and is open to the development of specialized training in various other areas. Academic pursuits are the underpinning of this optional year. Opportunities to develop or improve research skills are available with research scientists in this department as well as with those in other departments.

The anesthesiology residency at Rush-Presbyterian-St. Luke's Medical Center is not a "work intensive" program in spite of the 13,600 cases annually available for training. Weekly grand rounds, tutorials, didactic lectures, mandatory attendance at the Illinois Society of Anesthesia Study Commission, the Chicago Society of Anesthesia meetings, and the joint conferences with the University of Illinois Hospital and Illinois Masonic Hospital, make this program a highly structured one outside, as well as within the operating theater.

Inquiries concerning the program should be directed to the acting chairman or Patricia Bridges, Education Coordinator.

**Department of
Cardiovascular-Thoracic
Surgery**

**Hassan Najafi, M.D., Chairman and Director, Section of
Cardiovascular Surgery**

Frederick C. Kittle, M.D., Director, Section of Thoracic Surgery

The Department of Cardiovascular-Thoracic Surgery offers a two-and-one-half to three-year residency program in cardiovascular surgery and thoracic surgery accredited by the American Medical Association. The two sections have separate patient care functions

but share a strong, common goal in the training program. Two residents are appointed each year on January 1 or July 1. Completion of an approved surgical residency is a prerequisite for consideration. This program makes the applicant eligible for examination by the American Board of Thoracic Surgery.

The focus of training in the department is directed toward providing the opportunity for the resident to obtain an appropriately progressive education in the fields of cardiovascular and thoracic surgery and encourages the opportunity for clinical research and publications.

The residents' program begins in the Section of Cardiology, where fundamentals of cardiac catheterization and angiography are stressed. Time is allotted to the study and review of respiratory physiology through laboratory and clinical pulmonary function studies. The candidate is also given the opportunity of spending three months at Children's Memorial Hospital where he or she is given senior responsibility for the care of patients. Many residents are assigned for one month to diagnostic radiology, which is under the direction of two radiologists whose primary interest is peripheral angiography and who teach the principles of arteriography.

The second year of residency, the candidates' first clinical year, is spent in the Section of Thoracic Surgery. This is devoted exclusively to pulmonary and esophageal surgery with abundant endoscopic experience.

The third-year residency is broken into two six-month segments. The first six months as junior resident emphasizes operative experience in arterial surgery, the surgery of portal hypertension and closed cardiac operations. The final six months as senior resident



provides for training in the performance of open heart surgery with continued effort in peripheral vascular surgery.

All patients admitted to the service are available for teaching. Daily rounds are conducted by attending physicians and provide excellent training in bedside clinical diagnosis. The department sees approximately 3,000 patients each year. Open heart procedures, abdominal aneurysmectomy, aortic bifurcation grafting, carotid endarterectomy, femoralpopliteal bypass, coarctation repair, and closed mitral commisurotomy are just a few examples of procedures performed in the cardiovascular surgery section. In thoracic surgery, frequent pulmonary and esophageal procedures include segmentectomy, decortication, lobectomy, bronchoplasty or sleeve resection.

At weekly formal cardiovascular-thoracic conferences, cases of interest are presented by several participating institutions from the city and suburbs. A monthly session provides the opportunity for residents to meet invited visiting professors. Time is also allotted for the teaching of thoracic radiology and pathology by informal instruction and regularly scheduled conferences. Residents are encouraged to submit papers for publication and presentation to the national societies and journals. In addition, residents are sent to one of the scientific sessions of the Society of Thoracic Surgeons or the American Association for Thoracic Surgeons.

Within the department, several programs are readily available to interested residents. If the resident chooses to spend one year in the laboratory prior to clinical education, opportunity will be given to acquire a master's degree in surgery during this period.

Inquiries concerning the program should be directed to the chairman.

Department of General Surgery

**Harry W. Southwick, M.D., The Helen Shedd Keith Professor,
Chairman, and Director—Service I**

Steven G. Economou, M.D., Associate Chairman and
Director—Service II

Frederick A. DePeyster, M.D., Director—Service III

Alexander Doolas, M.D., Director of Undergraduate Education

James A. Lemons, M.D., Director—Service B

Nahim H. Nasralla, M.D., Director—Service C

Juan A. Rodriques, M.D., Director—Service A

David L. Roseman, M.D., Director of Surgical Research

William D. Shorey, M.D., Director of Postgraduate Education and
Director—Service IV

The Department of General Surgery offers a five-year residency program for seven individuals. In addition, ten one- or two-year appointments are available to persons who expect to pursue a career in one of the surgical specialties. A fellowship is offered in the Section of Transplantation. The department is fully accredited for five years of training by the Residency Review Committee for Surgery.

The focus of training in the department is to provide an opportunity for the trainee to obtain a well-rounded and progressive education in both basic and general surgery as well as in the disciplines of specialty surgery.

First-year residents spend six months in general surgery. This is divided into three two-month rotations on three of the seven services. One month is spent in cardiovascular surgery, one month in thoracic surgery, and one month in the intensive care unit. Three months are available for elective rotations.



The second year of residency is, in reality, the completion of the core training program of basic surgery. At least six months are spent in general surgery and two months at Christ Hospital in orthopedics. Second-year residents are buttressed on one side by first-year trainees and the medical students assigned to their service (whom they begin to guide and teach) and on the other side by the senior residents and attending surgeons. Four months may be available for rotation outside general surgery.

Assignments during the third year of the residency are more flexible than during the first two years. Residents who wish to develop and explore a basic research project are strongly encouraged to do so. All residents, however, are expected to begin work on a basic or clinical research project at this time. Residents not assigned to the laboratory will rotate through various clinical services.

The fourth year is one of full clinical activity with the resident assuming an increasing proportion of the responsibility for the management of patients. The resident acts as an exclusive assistant to the senior resident. Three months are spent in cardiovascular and thoracic surgery.

Fifth-year residents spend the entire year as the senior surgical trainee on one of the seven general surgical services.

All patients admitted to the hospital are available for teaching, not only to house staff, but to medical students as well. At Christ Hospital, and to a lesser extent at Presbyterian-St. Luke's Hospital, the house staff review private patients in the offices of the attending physicians. The department at Presbyterian-St. Luke's Hospital has over 2,000 admissions a year with a somewhat larger number at Christ Hospital. There are approximately 3,250 surgical procedures performed annually in general surgery at Presbyterian-St. Luke's Hospital and approximately 3,550 at Christ Hospital.

In both hospitals, informal rounds are made daily with the attending staff and formal rounds at least weekly on each service. General surgical grand rounds are held on Saturday mornings in both hospitals where the same topic is discussed so that there will be a coordination of the learning experience for house officers. In addition, hospital-wide conferences are held daily, including a tumor conference, radiology conference, pathology conference, medical grand rounds, and so forth. The Journal Club meets monthly.

Clinical and/or basic research is expected from each house officer prior to completion of the training program. During the third year, facilities and funds are available for house officers to pursue a basic surgical research problem. Usually the thesis prepared is defended and incorporated as part of the requirement for a master's degree in surgery.

Inquiries concerning the program should be directed to William D. Shorey, M.D., Director, Postgraduate Surgical Education.

Section of Pediatric Surgery

Arthur Rettig, M.D., Director

The focus of the Section of Pediatric Surgery is on delivering optimal care to infants, children, and adolescents with critical problems consistent with the tertiary care commitment of the hospital.

House officers are responsible for the pediatric surgical patients during their assignment to General Surgery Service IV. An active Perinatal Center for high-risk infants has increased the number of patients seen with congenital anomalies requiring surgical management. Two days a week are assigned to the section for elective surgery. Ward rounds are held on a regular basis and the section director has formal teaching rounds weekly.

**Section of
Transplantation**

Frederick K. Merkel, M.D., Director

The focus of the Section of Transplantation is toward both clinical and research transplantation problems.

The Section of Transplantation is assigned to the third general surgery service at Presbyterian-St. Luke's Hospital, and house officers gain their experience in this area while assigned to that surgical service. Research is encouraged particularly in the areas of organ preservation. The organ procurement aspect of the program is one of the largest in the country.

A fellow must have completed a general surgery training program as a prerequisite to consideration for acceptance in the Section of Transplantation.

Inquiries should be directed to Frederick K. Merkel, M.D.

**Section of
Dental and Oral
Surgery**

Leon R. Kelleher, D.D.S., Acting Director

The Section of Dental and Oral Surgery includes four general dental residencies, all approved by the Council on Dental Education of the American Dental Association, which provide training in all aspects of dental practice within a hospital-based group practice setting. The training program is somewhat flexible, according to the trainee's individual interests. There is a concentrated three-month program in anesthesiology, pain control, and intravenous sedation. Constant emphasis is placed on the medical aspects of dental practice and on opportunities to learn the techniques of treating dental problems of the handicapped, the aged, and the chronically ill. Each resident receives experience in all aspects of oral surgery that might be encountered by a well-trained general practitioner.

Residents interested in community dentistry are given opportunities to participate in hospital-oriented outpatient programs and to treat bedbound patients away from the hospital environment.

The ultimate objectives of the program are to help the future general practitioner to function effectively in a total health care environment, with emphasis on the dental and medical team. Many of the advantages of related hospital departments are available to the resident during training.

The dental staff includes representatives from dental specialty areas and dental hygiene.

Inquiries regarding the program should be addressed to the acting section director.

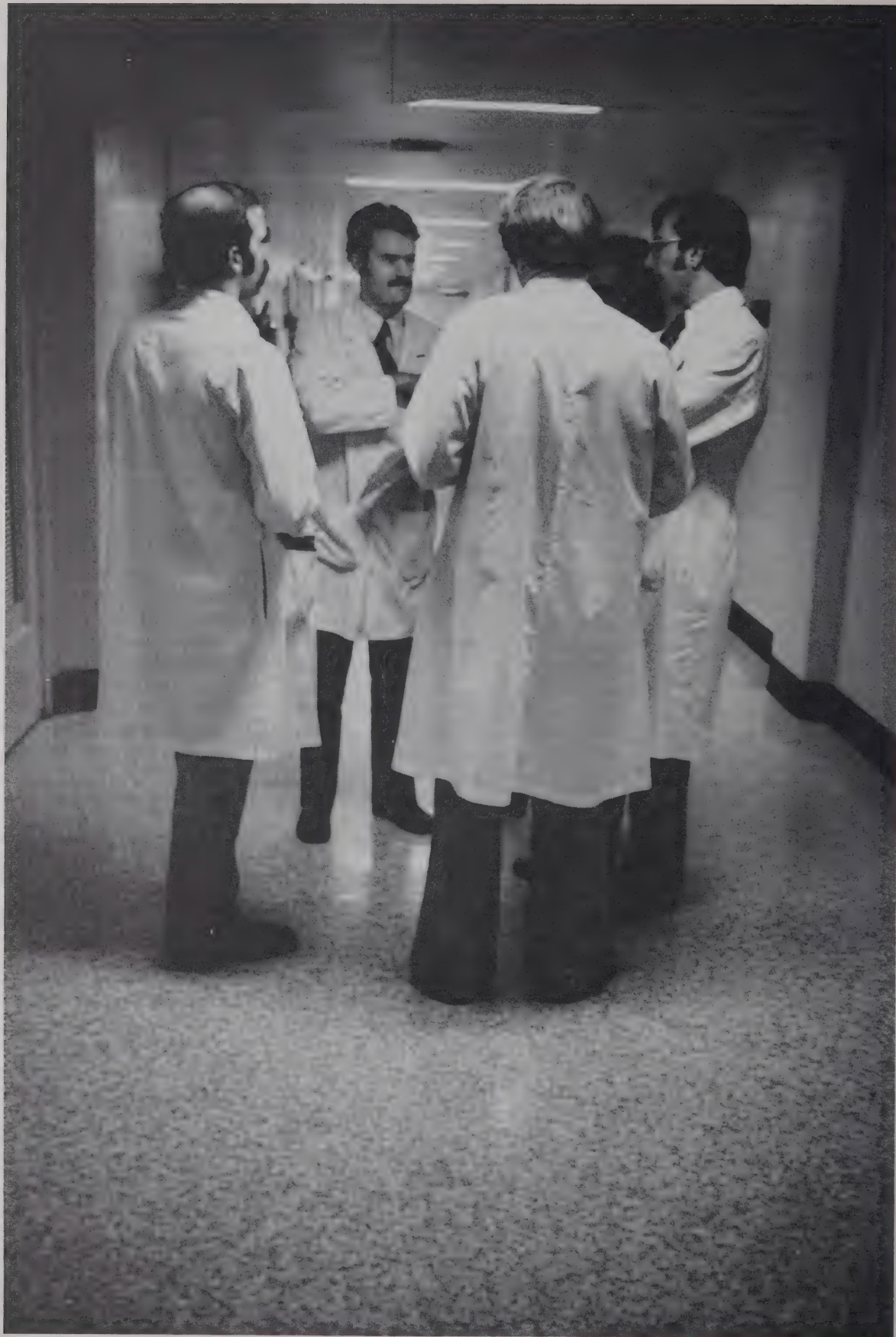
**Department of
Neurological Surgery**

Walter W. Whisler, M.D., Ph.D., Chairman

The Department of Neurological Surgery offers one position annually in a six-year, post-M.D. training program approved by the American Board of Neurological Surgery. The clinical aspects of the program are organized around the principle of progressive, graded responsibility with appropriate supervision.

During the first year, time is spent on rotation through general surgery and other surgical departments to develop a broad knowledge of the surgical arts and sciences. The second year is spent in clinical neurosurgery with emphasis on diagnostic neuroradiology. In the third year, there is a six-month rotation in neurology and six months in neuropathology. The fourth year is set aside for research or electives, and the last two years are devoted to clinical neurosurgery. Rotations often can be modified to accommodate special interests.

Training is centered within Presbyterian-St. Luke's Hospital. There are approximately 628 neurosurgical admissions and approximately 512 neurosurgical procedures performed per year.



The program is designed to present the basic neurological sciences as well as the practical aspects of neurosurgery. During the year, residents will attend neurology and neurosurgery grand rounds, brain cutting seminars, and a neurosurgical topic seminar. During the first part of the neurosurgical training, the resident will attend the Cook County Post-Graduate Neuroscience Course. Primary among the strengths of the Department of Neurosurgery is the broad variety of clinical problems that are studied and managed. Besides general cranial, spinal, pediatric, and epilepsy neurosurgery, many microsurgical and stereotaxic procedures are performed.

Research facilities of the Department of Neurological Surgery include the highly specialized neurochemistry laboratory and neurophysiology laboratory. Research is currently being done on cerebral edema, spasticity, neurophysiology of the cerebellum, and a brain tumor model system.

Inquiries should be directed to the chairman.

Department of Obstetrics and Gynecology

George D. Wilbanks, M.D., The John M. Simpson Chairman

Henry Evenhouse, M.D., Chairman, Christ Hospital

Norman Neches, M.D., Program Director, Presbyterian-St. Luke's Hospital

Vinod Patel, M.D., Program Director, Christ Hospital

The Department of Obstetrics and Gynecology offers a four-year post-medical school training program approved by the American Board of Obstetrics and Gynecology. The residency emphasizes comprehensive experience in all phases of obstetrics and gynecology, as well as experience in internal medicine, neonatology, anesthesiology, and obstetric and gynecologic pathology. The physician is prepared for the practice of general obstetrics and gynecology, for further subspecialty training, or for a career in academic obstetrics and gynecology. This is an integrated residency program that combines the departments of obstetrics and gynecology of both Presbyterian-St. Luke's and Christ hospitals to provide a total, well-balanced experience. Elective time may be spent in clinical rotations or basic research programs in the Department of Obstetrics and Gynecology or in related specialties, depending on the interests of the individual resident. There are seven positions at each level of a four-year program for a total of 28 residents. Fellowships are available in maternal/fetal medicine.

All members of the attending staff are certified by the American Board of Obstetrics and Gynecology. They are actively engaged in teaching programs for house staff and medical students. Residents at all levels are involved in student teaching at Rush Medical College.

During the first year, the resident spends six months in obstetrics and gynecology, learning basic patient management skills and simple operative techniques. There is rotation through general medicine, the neonatal unit, and obstetrical anesthesia. In the second year, the resident assumes more responsibility in each rotation. A rotation is scheduled through gynecologic endocrinology, and elective time is added. In the third year, the resident begins to manage the sections and patients having more complicated problems, both in regard to preoperative workup and obstetrical problems, and assumes more operative responsibility. There is a formal rotation on the high-risk service, and responsibility for coverage of the emergency room. The resident supervises the obstetrical outpatient activities at Mile Square Health center, and assumes responsibility for the gynecologic oncology service. During the fourth year, the resident

serves as chief of the respective services in obstetrics and gynecology, both at Rush and at Christ Hospital. There is additional elective time. The resident also serves as a fellow on the oncology service, supervising patient activities with special emphasis on colposcopy and gynecologic pathology.

All services are available for teaching and clinical experience, which encompasses a broad scope of problems including all subspecialties as listed. Active teaching clinics are conducted in the outpatient offices located in the Professional Building, the Mile Square Health Center, and at Christ Hospital, an active private hospital with 3,500 deliveries and 2,500 operative procedures annually, with emphasis on tertiary care problems in high-risk obstetrics, oncology, endocrinology, and complicated gynecologic operative procedures.

The department has staff representation in the major obstetric and gynecologic subspecialties: perinatal biology, endocrinology, oncology, community obstetrics, family planning, obstetric anesthesia, sexual dysfunction, and psychosomatic obstetrics and gynecology. Each subspecialty involves interdisciplinary associations to broaden patient care, teaching and research objectives, and there is maximum interdepartmental exchange and cooperation. Faculty with these diverse backgrounds, yet with a common interest in clinical obstetrics and gynecology, offer the resident depth in basic training and opportunity for specialized consultation and learning.

Applications for this residency program should be made to: George D. Wilbanks, M. D., Chairman or Norman Neches, M. D., Director of the Integrated Residency Program.

Section of General Gynecology

Denes Orban, M.D., Director

This section stresses the need for theoretical and practical instruction in the surgical aspects of gynecology, both abdominal and vaginal. Following the influence of Drs. Heney, Allen and Boysen, this section has strong emphasis on vaginal surgery. Concomitantly, members of the section have an interest in urological problems associated with pelvic relaxation, and a strong interest in infections in obstetrics and gynecology, where clinical research programs are ongoing.

Residents rotate through the general gynecology services each year, a program providing increasing responsibility for preoperative evaluation through surgery and postoperative care. The majority of surgical procedures are performed by the residents and supervised by the senior resident, who has adjunct attending privileges. The gynecologic attending staff has overall responsibility for all procedures performed by residents.

Formal teaching activities of this section include grand rounds, patient bedside rounds, and a daily patient management conference. Each spring, a visiting professor is invited to participate in the annual seminar on "Aspects of Gynecologic Surgery."

Section of Gynecologic Oncology

Thomas Dolan, M.D., Director

George Wilbanks, M. D., Associate Director

The gynecologic oncology section offers a focus for continuity of care for gynecologic oncology patients. It is a multidisciplinary section which coordinates the diagnosis, management, and follow-up of the oncologic patient with diagnostic radiology, pathology, surgery, radiation therapy, and medical oncology. There



are over 200 new patients each year with various gynecologic malignancies and operative procedures.

The section offers residents supervised experience in diagnosis, management, and follow-up for gynecologic malignancies. Residents spend 20 percent of their time in a multidisciplinary follow-up clinic and a diagnostic and colposcopic clinic. Rotations in gynecologic oncology are given for second-, third-, and fourth-year residents. The entire gynecologic oncology rotation is currently conducted at Presbyterian-St. Luke's Hospital.

Teaching consists of informal rounds, a weekly multidisciplinary clinic teaching conference and the formal Gynecologic Tumor Board. Topics related to gynecologic oncology are discussed at grand rounds and the general tumor conferences on a periodic basis.

Several clinical research projects are in progress within the division and in cooperation with the nationwide Gynecologic Oncology Group. All residents are involved in basic cancer patient care and may elect to pursue a clinical or basic project during their training period.

Section of
Maternal/Fetal
Medicine

Donald M. Sherline, M.D., Director

The focus in the Section of Maternal/Fetal Medicine is care of the high-risk mother and fetus, both at Rush-Presbyterian-St. Luke's Medical Center and within the Rush Perinatal Network. Education of physicians is a vital portion of this responsibility.

The section offers residents and fellows supervisory experience with inpatients and outpatients. Twenty-five percent of our deliveries are high-risk, totalling approximately 700 per year. Residents spend approximately 20 percent of their time in clinics, and are responsible with the fellow in maternal/fetal medicine for



high-risk patients seen and admitted to Presbyterian-St. Luke's Hospital. Rotations also are available in other departments and at network hospitals. Teaching consists of informal rounds, patient conferences, lectures, and seminars. Basic and clinical research is encouraged. The resident also has the opportunity for indepth studies of special problems of obstetrics in the Perinatal Biology Laboratory. Members of the available staff are assigned for two months at a time, and fellowships are available at the end of the final year of residency training.

Fellows must be eligible for certification by the Board of Obstetrics and Gynecology, and licensed in the State of Illinois as prerequisites to acceptance. Please direct inquiries to: Donald M. Sherline, M.D., Director, Section of Maternal/Fetal Medicine.

**Section of
Psychosomatic Obstetrics
and Gynecology**

Stephanie Cavanaugh, M.D., Director

Recognizing that the obstetrician-gynecologist is often the primary provider of health care to his or her patients, the Section of Psychosomatic Obstetrics and Gynecology is organized to stimulate and encourage expertise in this area. A productive liaison exists with the Department of Psychiatry. Combined appointments have produced an interdisciplinary team of clinicians and a research group. Consultation concerning patients with psychosomatic problems and/or unusual emotional difficulties is available to the staff at all times.

Residents have the opportunity to acquaint themselves with the effect of the emotions on reproductive and gynecologic physiology, as well as the importance of social and economic factors in physical and mental health. The case method is used as a tool in teaching. The department is devoted to the principle of good patient care and to developing new systems for delivering this care to the community. Faculty of this section attempt to stimulate trainees to develop their own special interests by providing opportunities for enhancing their understanding of and expertise in the field.



Section of
Gynecologic
Endocrinology
and Infertility

Emanuel Kapetanakis, M.D., Director

This section of the department encompasses the scope of the new subdivision of the American College of Obstetricians and Gynecologists. Clinicals and seminars devoted to gynecologic endocrine problems and infertility are held throughout the year.

Laboratories able to assay protein and steroid hormone levels in excretory, secretory or tissue amounts are available to faculty and trainees. In conjunction with the endocrinology section of the Department of Internal Medicine, large numbers of assays are available. Clinical and research applications of current methods of analysis are used, including saturation analysis (competitive protein-binding), radioimmunoassay, gas-liquid chromatography and chemical analysis.

Special diagnostic and operative procedures such as hysteroscopies, laparoscopies, tubal ligations, hysterosalpingographies and microsurgery are performed by the resident physicians on rotation through the section. A microsurgery laboratory is utilized for development of this technique during the resident's rotation. The learning stimulus and mutually beneficial arrangement of the total program should aid the continued progress of both the individual and the institution.

Special programs for residents and fellows will be arranged under the guidance of the faculty of this section.

Section of
Ambulatory Reproductive
Health Care

Norman Neches, M.D., Director

The Section of Ambulatory Reproductive Health Care offers a wide range of experience in the ambulatory care of the obstetrical and/or gynecological patient. These experiences include routine health maintenance, prenatal care, cancer detection, venereal disease detection and treatment, family planning, detection and treatment of sexual dysfunction problems, and treatment of appropriate gynecologic disease.

In the ambulatory setting, the resident has the opportunity to follow the obstetrical patient both prenatally and during the postpartum period. For those gynecological patients requiring surgery, the resident follows the patient both preoperatively and postoperatively at Mile Square Health Center and in the private office of Women's Health Consultants.

Emphasis is placed on preventive medicine and patient education. A resident may elect, with consent of the director, to engage in programs to develop particular skills in this area.

Department of
Ophthalmology

William E. Deutsch, M.D., Acting Chairman

Michael Rosenberg, M.D., Program Director

Residency training in ophthalmology is a three-year program accredited by the American Medical Association and by the American Board of Ophthalmology. Two residents are appointed each year and begin their ophthalmologic training after a one-year pre-ophthalmologic residency, usually in the Department of General Surgery at Rush Presbyterian-St. Luke's Medical Center. Positions are filled through the Ophthalmology Matching Program sponsored by the Association of University Professors of Ophthalmology.

The primary purpose of the ophthalmology program at Rush-Presbyterian-St. Luke's Medical Center is to convey a thorough clinical knowledge for the care of patients with all types of ophthalmologic problems. While there are opportunities for clinical and basic research throughout the three-year program, this is not a prerequisite to completion of the program.



The training program emphasizes continual and stable follow-up of patients from the beginning of training. There is not a strict pyramidal system of graduated responsibilities, and the rate of development of surgical technique is limited only by the resident's personal competence. Extraocular procedures are performed immediately after beginning the residency, and intraocular procedures may be performed during the second half of the second year of training. An attempt is made to conduct the program so that each resident may follow patients throughout the final three years of the residency. During the third year of training, a full-time post-graduate course of three to five months elsewhere is included in the program. Travel, tuition fees and allowance for books and the regular resident stipend are provided by the Medical Center.

The base for patient referrals is derived from Rush-Presbyterian-St. Luke's Medical Center directly, from an active outpatient clinic and from outside referrals. In addition, residents are exposed to and rotate through the ophthalmology divisions of various hospitals within the Rush Network. A great number of private outpatients are admitted and residents are given significant responsibility toward their care. The average resident performs approximately 100 to 125 major intraocular procedures during the three years of training. Because of the scope of Rush-Presbyterian-St. Luke's Medical Center, a wide diversity of disease entities provides complete and unusual opportunity to residents. The resident participates actively in consultations with other departments and is exposed within the department to all types of ophthalmologic diseases.

Members of the teaching faculty include individuals with special interests and training in cornea and external disease, glaucoma, neuro-ophthalmology, ophthalmic plastic surgery, retinal diseases, and pediatric ophthalmology. Regular teaching sessions occur on Wednesday afternoons and include faculty presentations and guest speakers, with active resident participation. Special teaching sessions may occur on other days. Residents are encouraged to attend scientific meetings throughout their training and the department supports attendance at at least one such meeting a year. Enrollment in the American Academy Course in Continuing Education is provided for each resident and assistance with that home study course is provided. Grand rounds in other departments are available if the subject is of ophthalmic interest.

Most ophthalmologic activity occurs in the Joseph and Helen Regenstein Eye Center of Rush-Presbyterian-St. Luke's Medical Center. This is a modern clinical complex with full facilities, including laser photocoagulation, complete ultrasonography, outpatient surgery, electroretinography, and ophthalmic photography including video recording capabilities.

Inquiries should be addressed to William D. Shorey, M.D., Director of Post Graduate Surgical Education.

Department of Orthopedic Surgery

Jorge O. Galante, M.D., Chairman

The Department of Orthopedic Surgery offers a five-year residency program in orthopedic surgery, accredited by the American Board of Orthopedic Surgeons. In addition, the department offers one-year optional fellowships in spinal surgery, joint replacement surgery, hand surgery, and orthopedic research for physicians seeking further specialized training who have completed their orthopedic residency.

The focus of the training is on clinical excellence and all of the facets of orthopedic surgery are taught and emphasized. Research

opportunities are available for those interested in an academic future. The residency program is organized around the principle of progressively increasing responsibility with adequate supervision.

During the first year, residents participate in a general surgery core rotation, with training in general surgery, surgical intensive care, vascular surgery, plastic surgery, neurosurgery and other surgical specialties. During the second, third and fourth years, residents rotate through the orthopedic services at Presbyterian-St. Luke's Hospital, Christ Hospital, and Shriner's Hospital for Crippled Children in Chicago. Considerable opportunity for independent management of patients is provided at the fifth-year level, both at Rush and at Christ Hospital.

All patients admitted to the service are available for teaching. Clinical experience encompasses a broad scope of musculoskeletal problems including spinal diseases, modern hip and knee surgery, surgery for arthritis, amputation, trauma, hand and pediatric orthopedics. Active teaching clinics are conducted also in the private outpatient offices located in the Professional Building. Currently, there is an average of 2200 major orthopedic surgical procedures performed yearly at Rush-Presbyterian-St. Luke's Medical Center and 1670 major orthopedic surgical operations at Christ Hospital.

There is a seminar program in basic sciences, weekly regular reviews of the histopathology of the musculoskeletal system, weekly anatomy seminars, indications conferences, and weekly teaching-oriented seminars, including grand rounds, as well as research conferences. Each resident is expected to complete a clinical research project during his tenure. Pathology and clinical conferences are also conducted at Christ Hospital.

The research facilities of the department include: a biochemistry laboratory; a histology laboratory for heart tissue histology; a tissue culture laboratory; and a laboratory for bioengineering studies. Two major programs are conducted in these facilities. A bioengineering program is conducted in conjunction with the Department of Materials Engineering at the University of Illinois, Chicago Circle Campus. Basic studies on total joint replacement, the mechanics of human locomotion and mechanics of the spine constitute the core of this program. The biochemistry program is geared towards the study of cartilage metabolism and ground substance. Resident participation in research is encouraged. An elective rotation is available at the second-year level.

Inquiries concerning the program should be directed to the chairman of the department.

Biomechanics Program

Thomas P. Andriacchi, Ph.D., Director

The Biomechanics Program is involved in both research and educational activities. Research activities address both basic principles of the mechanics of human movement, and the application of these principles to orthopedic problems. Current research activities include the analysis and design of total joint replacements, and the gait evaluation of subjects with walking disabilities due to joint disease or neuromuscular problems. Research methods include the development of mathematical models and direct experimental observation.

Many of the projects are conducted by engineering students studying for advanced degrees at the University of Illinois, Chicago Circle Campus. Both Ph.D. and master's theses have been completed on projects conducted in the laboratory.

An orthopedic biomechanics seminar series is conducted during

the academic year. Current research areas and clinical application to orthopedics are the general topics of the seminars. Seminar speakers are selected from established scientists and clinicians throughout the United States.

In addition to conducting independent research projects, the Biomechanics Program provides research and educational support to the Department of Orthopedic Surgery resident's training program.

Biochemistry Program

Klaus E. Kuettner, Ph.D., Director

In the Biochemistry Program, research on the molecular organization of the extracellular cartilage matrix is carried out, including changes that occur during differentiation of epiphyseal cartilage, calcification and replacement by bone and during osteoarthritic lesions. A main emphasis has been the molecular arrangement of proteoglycans, which in a very specific aggregated state, shows involvement in the inhibition of calcification.

Cartilage contains a spectrum of extractable low molecular weight proteins which have functionally been defined as the "anti-invasion factor" (AIF). It is hypothesized that the resistance of cartilage to penetration by endothelial cells (capillary ingrowth), as well as invasion by neoplastic cells, is at least in part due to this specific tissue anti-invasion factor. Current studies concentrate on the separation and characterization of the anti-invasion factor(s), its mechanism of action and the biochemistry of the specific growth inhibitory factor(s).

Currently one biochemistry postdoctorate fellow, one senior pathology resident and one fellow in pathology are involved in the



program. Seminar speakers from throughout the United States and abroad interact with the group. Projects are carried out in close collaboration with several universities and the National Institutes of Health.

The biochemistry program provides educational support to the orthopedic surgery resident's training program and to medical students during their preclinical years.

Section of Spine Surgery

Ronald L. DeWald, M.D., Director

The focus of the Section of Spine Surgery is the total management of patients with surgical diseases of the spine.

The section offers residents and fellows supervised experience with inpatients and outpatients. Residents spend approximately 30 percent of their time in clinic and are responsible for history, physical examination, and proposed management guidelines. Rotations are also available in other departments and network hospitals. Teaching consists of informal rounds, patient conferences, etc. Research is encouraged and includes 10 percent lectures and 10 percent laboratory work. Members of the resident staff are assigned for four months at a time and fellowships are available at the end of the fifth year of residency training. The section offers those in training decreasing supervision with increasing responsibility.

Fellows must be board-eligible and have an Illinois state license. Please direct inquiries to Ronald L. DeWald, M.D.

Section of Hand Surgery

Robert R. Schenck, M.D., Director

The patient teaching base in the Section of Hand Surgery consists of 700 operative procedures and 5,000 outpatient visits per year, including all types of hand surgery problems, both on an inpatient and outpatient basis. Residents attend a weekly office clinic, and fellows are present for all office visits. Both are involved in preoperative assessment, operative experience, and postoperative management. Teaching also includes informal rounds, a monthly hand surgery conference, and full training and research opportunities in the microsurgery laboratory. Residents are assigned for three-month rotations and the hand surgery fellowship is available for a twelve-month period for board-qualified individuals in plastic or orthopedic surgery. Please direct inquiries to Robert R. Schenck, M.D.

Department of Otolaryngology and Bronchoesophagology

David D. Caldarelli, M.D., Chairman

The Department of Otolaryngology and Bronchoesophagology offers a five-year, post-M.D. training program approved by the American Board of Otolaryngology. The residency provides for five residents, one in each year of training.

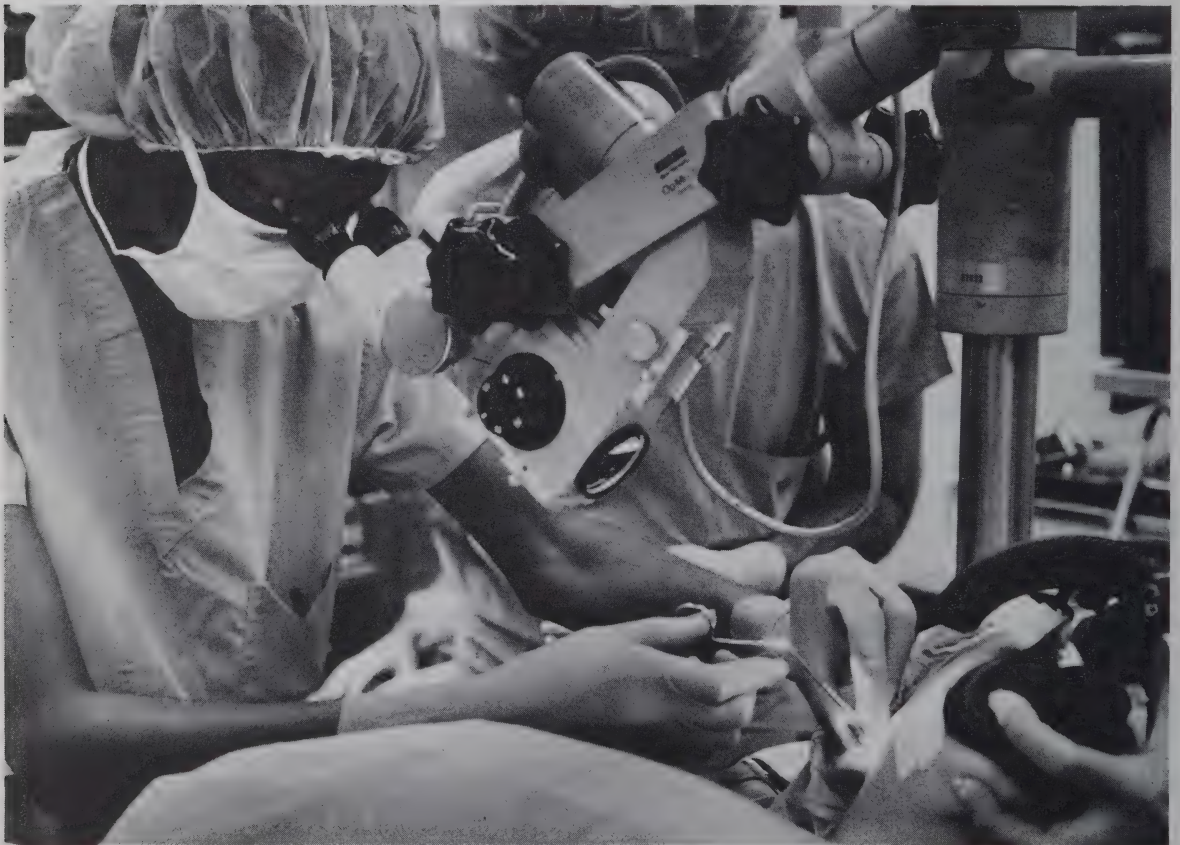
Clinical aspects of the residents' training are based on the principles of progressive responsibility, with appropriate supervision of both surgical and outpatient responsibility. The senior resident assumes full responsibility for preoperative, operative, and postoperative care of the majority of hospital admissions to the service, commensurate with ability and under the direct supervision of the full-time attending staff.

There is a separate clinical and surgical rotation for the first- and second-year trainee at network hospitals in which the resident is afforded full clinical and surgical responsibility under the close guidance of the network hospitals' otolaryngology program directors.

Hospital admissions to this service average approximately 900

patients annually, with an average daily census of 25. An outpatient otolaryngology clinic held each weekday averages approximately 4,500 patients per year, with clinical teaching supervised daily by the full-time attending staff. An extensive relationship with the Center for Craniofacial Anomalies at the University of Illinois Abraham Lincoln School of Medicine provides an opportunity for multidisciplinary management of patients with a wide variety of craniofacial malformations. Network relationships involving the Department of Otolaryngology and Bronchoesophagology include residency rotations and teaching activities at West Suburban Hospital, Mount Sinai Hospital Medical Center and Grant Hospital of Chicago. Currently there is an average of more than 1,400 surgical procedures, including microscopic otology, head and neck oncology, craniofacial anomaly, maxillofacial trauma, facial reconstructive, and endoscopic procedures, which provide extensive surgical experience in the various disciplines of contemporary otolaryngology. Included is the use of laser and cryosurgery as well as closed circuit television monitoring of microsurgical procedures for teaching enhancement.

Resident exposure to basic laboratory or clinical research is provided and currently involves assessment of chronic middle ear disease, airway problems in association with craniofacial anomalies, and the cytologic aspects of head and neck tumors. Animal research also is being done which involves the use of fibermetal mesh in head and neck reconstruction. In conjunction with the Department of Therapeutic Radiology and the Section of Medical Oncology, the efficacy of adjunctive chemotherapy in head and neck cancer is being studied. The resident staff is encouraged to submit papers for



presentation at local and national society meetings, and each resident is afforded the opportunity of attending a national meeting or postgraduate medical education course each year under the department's sponsorship.

The department is a full-time participant in the National Cancer Institute's Comprehensive Network Demonstration Project for Head and Neck Cancer, in cooperation with Northwestern University and the University of Illinois.

Inquiries concerning the program should be directed to the chairman.

Section of Communicative Disorders

Virginia I. Wolfe, Ph.D., Director

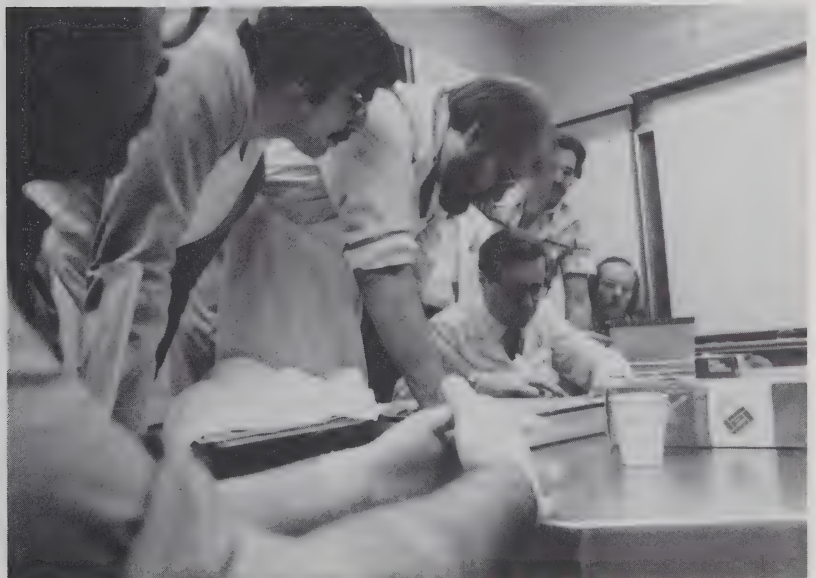
The Section of Communicative Disorders functions as an integral part of the Department of Otolaryngology. Approximately 3,500 patients are seen each year for audiological testing, speech language, and voice evaluations and therapy. Rotations through the section with case demonstrations and tutorial sessions can be arranged upon request. The otolaryngology resident spends approximately five percent of his time within the section during the first four months of residency. Lecture and discussion topics include speech and hearing science as well as evaluation and management of a broad range of communicative disorders. Principles and interpretation of audio-vestibular testing are discussed, including impedance audiometry, central auditory function, auditory evoked potentials, and electronystagmography.

Department of Pathology

Ronald S. Weinstein, M.D., The Harriet Blair Borland Chairman
Victor E. Gould, M.D., Associate Chairman

The Department of Pathology offers a four-year residency in anatomic and clinical pathology. An optional one- to two-year fellowship is offered for additional training in surgical pathology subspecialties or in research training for physicians preparing for academic careers. On completion of training, all residents are qualified for examinations by the American Board of Pathology.

The objective of the program is to provide residents with indepth training in all facets of modern diagnostic pathology and laboratory



management. The program is intellectually intensive. Residents are expected to master both theoretical and practical material. A goal of the program is to train pathologists who will be competitive for outstanding positions in either academic or community medical centers and who have the requisite training to assume a leadership role in their profession.

The first-year, post-M.D. program accepts two trainees. They spend nine months on autopsies and three months on surgicals. In the second year, the majority of time is on surgicals and cytology and the minority is on autopsies. Throughout this training period, the resident attends daily departmental conferences where active cases are presented either to the chairman or vice-chairman of the department, additional staff members, house staff and medical students. In addition, the resident attends a broad spectrum of specialty conferences, tumor conferences, clinicopathological conferences (CPC's) and grand rounds. The resident has the option of participating in the teaching of Rush medical students. Elective periods are offered in the first two years for concentrated study in selected areas or, in some instances, to initiate clinical pathology rotations. At the end of the second year, the resident may elect to enter the clinical pathology curriculum or continue on in anatomic pathology. Those desiring CP-accreditation spend two years rotating through clinical chemistry, microbiology, hematology, immunology and the Blood Bank. Programs in these laboratories are individualized to the needs of the resident and include both didactic and service components.

Residents electing to pursue anatomic pathology exclusively select a research topic and begin investigative work under the supervision of senior investigators. Excellent research opportunities are offered within the Department of Pathology in electron microscopy, cytopathology, neuropathology, cancer biology and medical automation. Research-oriented residents are encouraged to attend basic science seminars and lectures, to take relevant course work for purposes of enrichment and to attend national meetings. Because the research laboratories are in close proximity to the service laboratories and the Library of Rush University it is feasible to monitor the activities of the laboratory services while engaged in active research programs. This permits residents to study the material from a large number of interesting and unique cases throughout their training. In addition to the broad-based training offered at Rush-Presbyterian-St. Luke's Medical Center, electives can be arranged at other Chicago institutions in forensic pathology and pediatric pathology.

Inquiries concerning the program should be directed to the chairman.

Department of Plastic and Reconstructive Surgery

John W. Curtin, M.D., Chairman

The two-year graded training program in general plastic and reconstructive surgery is fully accredited by the Tripartite Conference Committee on Graduate Training sponsored by the American Medical Association, the American College of Surgeons, and the American Board of Plastic Surgery. To be considered for appointment, applicants must have completed a minimum of three years of acceptable training in general surgery to comply with the requirements of the American Board of Plastic Surgery. Each year, one resident is selected to start training.

At present, an average of more than 1,700 plastic surgery patients are operated on annually at the Medical Center. Plastic surgery patients embrace a wide variety of ages and types. Bed privileges



and special operative times are offered to residents, but all of the patients in the hospital are available for teaching purposes.

Residents will be trained in overall preoperative surgical diagnosis and care, surgical treatment, and postoperative care of patients amenable to treatment by plastic surgery. Residents will gain more than adequate experience in the various methods of excisional and reparative surgery of the scalp, face, orbits, nose, oral cavity, neck, trunk and extremities, as well as experience in management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of the hand, burns, and congenital abnormalities of the extremities and genitalia. Cooperation with other disciplines (orthopedics, general surgery, genitourinary, gynecology, bronchoesophagology, neurosurgery) allows exceptional experience in reconstruction of the esophagus, larynx, trachea, vagina and abdomen, and the repair of extensive encephalocele, myelomeningocele, and severe craniofacial deformities.

There is no routine rotation of plastic surgery residents to network hospitals at this time. Plastic surgeons in network hospitals are encouraged to attend and participate in the weekly plastic-surgical grand rounds at the Medical Center.

Residents are given ample opportunity to perform major procedures under the supervision of the attending staff. Increasing ability brings increased responsibility. To help the resident acquire skill and judgment in all phases of work, emphasis is placed on personal instruction at the bedside, in the clinic, in the operating room, and in the pathology and anatomy laboratories. Active participation in research is mandatory. The program stresses participation in weekly grand rounds, tumor conferences, surgical research projects, hand seminars, and journal reviews. The resident also spends time each week in private offices of the attending staff.

There is a separate hand clinic where acute and extensive reconstructive hand surgery cases are seen and operated upon (see hand surgery section). A large caseload of cleft lip, cleft palate, and severe craniofacial anomalies are operated upon by the plastic surgical staff and residents at Presbyterian-St. Luke's Hospital. There is a close relationship with the Center for Craniofacial Anomalies at the University of Illinois School of Medicine, where more than 1,600 cases are seen each year.

Increased emphasis within the department is being given to microvascular surgery, both in the operating room, anatomy laboratory, and in the the research laboratory. Cadavers are available at all times for dissection.

Inquiries concerning the program should be directed to the chairman.

Section of Hand Surgery

Robert R. Schenck, M.D., Director

The patient teaching base in the Section of Hand Surgery consists of 700 operative procedures and 5,000 outpatient visits per year, including all types of hand surgery problems, both on an inpatient and outpatient basis. Residents attend a weekly office clinic, and fellows are present for all office visits. Both are involved in preoperative assessment, operative experience, and postoperative management. Teaching also includes informal rounds, a monthly hand surgery conference, and full training and research opportunities in the microsurgery laboratory. Residents are assigned for three-month rotations and the hand surgery fellowship is available for a twelve-month period to board-qualified individuals in plastic or orthopedic surgery. Please direct inquiries to Robert R. Schenck, M.D.





**Department of
Diagnostic Radiology**

Richard E. Buenger, M.D., Chairman and Program Director
John W. Clark, M.D., Assistant Chairman

The Department of Diagnostic Radiology offers four positions annually in a four-year residency program in categorical diagnostic radiology which is accredited by the American Medical Association. Fifth-year fellowships are available in neuroradiology and there is a combined computed tomography/ultrasound fellowship.

Beginning with the first year of training, the resident is responsible for the interpretation of all radiography and the performance of every special procedure in the department. Every film interpretation, however, is individually checked by an attending staff member of the appropriate section, and every special procedure is supervised throughout its duration by a specialty radiologist. Various degrees of responsibility are delegated during the training program.

There is a full-time staff of 16 radiologists. The department is divided into eight sections for administrative and teaching purposes. Each section has a full-time director, and all of the staff are assigned to one of the sections, which are:

**Section of
General Radiology**

Jerry P. Petasnick, M.D., Director

This section performs all radiographic examinations not specified under other sections, all emergency examinations, and the following special examinations: arthrography, sialography, mammography, lymphangiography, peripheral arteriography, and abdominal arteriography (other than genitourinary).

**Section of
Ultrasound**

Wayne S. Chilcote, Jr., M.D., Director

This section performs examinations involving sectional imaging of the soft tissues of the body, including cardiovascular, abdominal and obstetrical examinations by ultrasound echo techniques.

**Section of
Computed Tomography**

John W. Clark, M.D., Director

This section has clinical and research responsibilities for assigning both brain and body scanning devices and computer facilities to those sections offering consultation in computed tomography.

**Section of
Thoracic Radiology**

Maurice L. Bogdonoff, M.D., Director

Routine chest radiography and fluoroscopy, bronchography, tomography, lung biopsy, angiocardiology, pulmonary arteriography and thoracic aortography are the responsibilities of this section.

**Section of
Gastrointestinal Radiology**

Richard Gardiner, M.D., Director

Plain and contrast-enhanced radiographic and fluoroscopic studies of the abdomen and gastrointestinal tract, the gall bladder and biliary system, and the pancreas are performed in this section.

**Section of
Urologic Radiology**

Suresh K. Patel, M.B.B.S., Director

This section is responsible for excretory urography, retrograde pyelography, arteriography, and venography of the kidneys and adrenals, renal cyst puncture, voiding cystography (other than pediatric patients), salpingography, and pneumogynecography.

**Section of
Pediatric Radiology**

H. Rex Gardner, M.D., Director

All routine and special radiographic procedures on children, with the exception of neuroradiologic and arteriographic studies, are performed in this section.

Section of
Neuroradiology

Michael S. Huckman, M.D., Director

This section is responsible for the following examinations: plain skull radiography, myelography, all head and neck arteriography and venography, ventriculography, pneumoencephalography, and cranial CT.

The Department of Diagnostic Radiology provides consultation for well over 130,000 patient examinations each year. The department encompasses a space of 27,000 square feet. All of the routine radiographic work is displayed daily within each subspecialty section for interpretation, consultation and teaching. Special display areas are also located in other areas of the Medical Center. Outpatients of private physicians are examined in private radiologic offices in the Professional Building located across from the hospital. The radiology department of Sheridan Road Pavilion is also operated by the staff of the Department of Radiology. Radiology residents receive their training at Presbyterian-St. Luke's Hospital.

Modern equipment is provided for all standard radiographic examinations, and for special procedures such as magnification radiography, and mammography. Fluoroscopy of the gastrointestinal tract is remotely controlled, amplified, and televised. There are seven laminographic devices.

Three rooms contain biplane serial filming of the highest technical



capabilities for angiography, bronchography, myelography, cholangiography, and percutaneous biopsy.

Two precision, multidirectional tomographic rooms are reserved for tomography of the temporal bone and other special areas of the body requiring special accuracy. A special section houses three scanning devices, computers and technical staff devoted to computed tomography of the brain and body.

Fluoroscopic equipment is available for surgical procedures. Coronary arteriography is routinely performed by the Section of Cardiorespiratory Diseases, Department of Medicine.

There are daily conferences within each section. Each week, radiology grand rounds are held. The department also provides radiologic consultation at various hospital-wide conferences, medical grand rounds, surgical grand rounds, pediatric grand rounds, neurology grand rounds, tumor conference, lymphoma conference, CPC, and semi-weekly autopsy conferences.

All diagnostic radiologists and residents are urged to attend the scientific meetings of the Chicago Radiologic Society, held six times a year. Time is made available for all residents to attend refresher courses at the annual convention of the Radiological Society of North America when it is held in Chicago.

Each section maintains its own collection of teaching material. The Fay H. Squire Memorial Radiological Library is located within the department. The ACR teaching file is kept locked and available to residents only in the on-site departmental conference room.

First-year residency positions are matched annually through the NRMP.

Inquiries regarding the program should be directed to the chairman of the department.

Department of Therapeutic Radiology

Frank R. Hendrickson, M.D., Chairman and Director, Section of Radiation Oncology

Anthony Chung-Bin, M.Sc., Director, Section of Medical Physics

Wayne R. Hanson, Ph.D., Director, Section of Radiation Biology

The department offers a three-year program leading to qualification for the American Board of Radiology examination in therapeutic radiology, with a fourth year of special training in therapeutic radiology for those desiring such augmentation of previous experience. The residency program is accredited by the American Medical Association and the American Board of Radiology. Board-eligibility requirements are three years of post-M.D. training in therapeutic radiology and successful passing of a written examination. If successful on the written examination, the oral examination is taken one year later.

A totally new facility to be completed in 1981 will house the integrated department and its sections of radiation oncology, medical physics and radiation biology. Twenty-five thousand square feet will contain three major treatment machines, examining rooms, special procedure rooms, conference rooms, offices and basic research laboratories. The radium laboratory contains 750 milligrams of radium or isotope equivalent for clinical use. An electronics shop provides maintenance, design, and production of special equipment.

Rush-Presbyterian-St. Luke's Medical Center registers more than 1,600 new cancer patients a year and more than half receive some form of radiotherapy. There are more than 15,000 treatment visits and 3,000 follow-up visits a year. All patients are seen initially by the radiotherapy house staff, with preliminary evaluation and treatment

planning before finalization of the treatment program with the attending staff. The training program is basically related to patient problems. Assignment of all new patients is made for evaluation and treatment planning. Plans for all new patients and any problem patients are reviewed daily with the department's attending and resident staffs. Daily treatment and follow-up is performed in conjunction with the attending staff. Adequate opportunity is present to ensure development of proficiency in all necessary external treatment and implant modalities. Approximately one-fourth of the training period is devoted to radium and isotope training.

Patients are admitted directly to the radiation therapy service, and operating room privileges and priority are assigned for radiotherapeutic operating procedures. Community hospitals within the Rush clinical network permit rotation and experience with the problems of community hospital practice. Residents have rotations in nuclear medicine, medical oncology, and medical physics, and have rotations on their services within the department as part of their training. House officers are recruited to the Rush department with elective rotations to major radiotherapy departments within the network. The department is involved in joint conferences on lymphoma, breast, head and neck, and medical oncology, and sponsors a weekly radiation therapy conference with guest speakers from inside and outside the institution.

There is an active clinical and basic research program in the areas of preoperative radiotherapy, combined chemotherapy and radiotherapy, and optimum fractionation and protraction. The National Institutes of Health, The American Cancer Society, and local institutional funds provide financial support. Active participation in these programs by residents and fellows is strongly encouraged. Opportunities for independent investigation are available.

Medical students from Rush and other schools who rotate through the department offer stimulus as well as a teaching challenge. In addition, first-year residents from surgery have an elective one-month rotation in therapeutic radiology.

Inquiries concerning the program should be addressed to the chairman.

Charles F. McKiel, Jr., M.D., Chairman

The Department of Urology offers a five-year residency program in cooperation with Presbyterian-St. Luke's Hospital, Cook County Hospital, and Children's Memorial Hospital. This educational experience leads to certification by the American Board of Urology and opportunity for the physician to assume a leadership role in urology. The residency program is fully accredited by the Residency Review Committee in Urology and the Liaison Committee on Graduate Medical Education.

The focus of training is urologic oncology with emphasis on mastering all standard and newer urologic techniques.

The first two years of residency training are in general surgery, and are devoted to nephrology, oncology, radiology, infectious diseases, general surgery, renal transplantation or other specially requested programs approved by the residency chairman. The resident is under the direction of the department through which he or she is rotating. This allows the resident to have a firm foundation when clinical training is begun in the third year of residency.

During the third year, the resident rotates six months at Presbyterian-St. Luke's Hospital and six months at Cook County

Department of Urology



Hospital. The resident is instructed in the performance of cystoscopy and the various special diagnostic techniques that are the backbone of the specialty and gains wide experience in urologic surgery, usually as first or second assistant.

The third-year resident has wide and primary responsibilities in patient care but is encouraged to conduct some research in association with a member of the staff in the urology research laboratory. Such research may be continued in future years.

The fourth-year resident is in charge of the private inpatient service at Presbyterian-St. Luke's Hospital for a six-month period when he or she has appropriate responsibility for a ward. During the fourth year, the resident performs major urologic surgery under close supervision and begins his or her transurethral experience at Cook County Hospital.

The rotation in pediatric urology is available at Children's Memorial Hospital and at Cook County Pediatric Hospital. These three months are generally available in the fourth residency year.

The fifth-year or senior resident assumes complete responsibility for urologic care for a twelve-month period at Presbyterian-St. Luke's Hospital. The senior resident is also in charge of all conferences and delegates responsibility for education, patient care and research as seen fit. Although attending urologists are always available for counsel and assistance, the senior resident is encouraged to pursue a vigorous and self-reliant course of patient care and teaching.

Patients admitted to the service are available for teaching, and clinical experience encompasses a broad scope of problems including infertility, tumor surgery, stone and obstructive disease. Active teaching clinics are conducted in private outpatient offices located in the Professional Building. The department sees approximately 2,366 patients per year, 92 percent of whom are adults and 8 percent children. Currently there is an average of 3,152 surgical procedures including transurethral resections.

All residents are required to attend the two-hour weekly teaching conference held at Rush Medical College. Individual conferences also are held at Rush Medical College as well as at other institutions. The resident is required to participate in and attend those conferences in the institution through which he or she is rotating. The Journal Club meets twice a month.

All residents are required to participate in the Chicago Urologic Society Meetings. The society meets regularly during the winter months. Out-of-town speakers are regularly invited to give special rounds. These may deal with new research, new surgical or diagnostic techniques or new concepts in treatment.

All residency inquiries should be directed to the chairman.

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Senior Vice President
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Assistant Dean, Student Services
Joe B. Swihart, M.S.Ed.
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Marilyn A. Johnson, Ph.D.
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Carol S. Silva, M.Ed.
Director, Student Financial Aid
John Hylton, M.S.
Director, Student Affairs
Ron Musich, B.S.
Director, Financial Affairs
Beverly B. Huckman, B.A.
Equal Opportunity Coordinator for
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Henry P. Russe, M.D.
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College of Nursing

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Relations
Gary Forsyth, Ph.D.
Nursing Coordinator,
Inter-Institutional Affairs
Jean Sorrells-Jones, M.S.N.
Director, Continuing Education

College of Health Sciences

David I. Cheifetz, Ph.D.
Dean, College of Health Sciences and
Rush Graduate School
Cecilia Brocken, Ph.D.
Associate Dean, Biological and
Behavioral Sciences and Services
Willie F. Bradley, M.P.H.
Assistant Administrator
Assistant to the Dean
Marva O. Anderson
Coordinator, Graduate School
Admissions
Barbara S. Schultz, M.Ed.
Director, High School/College Relations

Medical Center: A Summary	<p>Rush-Presbyterian-St. Luke's Medical Center is the central initiating component of a comprehensive, cooperative health delivery system, serving some 1.5 million people through its own resources and in affiliation with eleven community hospitals and health care institutions in northern Illinois.</p> <p>It is Rush University, and a cooperative educational system which comprises Rush Medical College, the College of Nursing, the College of Health Sciences, and 14 liberal arts colleges and universities in six states from Colorado to Tennessee.</p> <p>It is Presbyterian-St. Luke's Hospital, a major referral center providing primary care to its immediate community, and secondary and tertiary care to patients from across the country.</p>	<p>It is a center for basic and clinical research in both traditional disciplines and in multidisciplinary centers, coordinating the attack on cancer, cardiovascular disease, and multiple sclerosis.</p> <p>It is a pioneer in community medicine through its relationship with Mile Square Health Center, the creation of its own Health Maintenance Organization, ANCHOR, and its expanding services in the city and beyond.</p> <p>In all, Rush-Presbyterian-St. Luke's is an organization of over 8,000 people—medical and scientific staff, faculty students, and employees—committed to providing the best care with the highest professional standards, and with compassionate attention to the needs of every patient.</p>
Approvals	<p>Joint Commission on Accreditation of Hospitals</p> <p>Liaison Committee for Graduate Medical Education</p> <p>Liaison Committee for Medical Education</p>	<p>Department of Registration and Education, State of Illinois</p> <p>North Central Association of Colleges and Schools</p> <p>National League for Nursing</p>
License	<p>Department of Public Health, State of Illinois</p>	
Memberships	<p>American Hospital Association</p> <p>Illinois Hospital Association</p> <p>Chicago Hospital Council</p>	<p>Blue Cross/Blue Shield Health Care Service Corporation</p> <p>Association of American Medical Colleges</p>

Notes

Notes

Medical Faculty
A. H. H. H.

Health Faculty, University of
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Department

Department of Health
Education and Promotion

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Faculty

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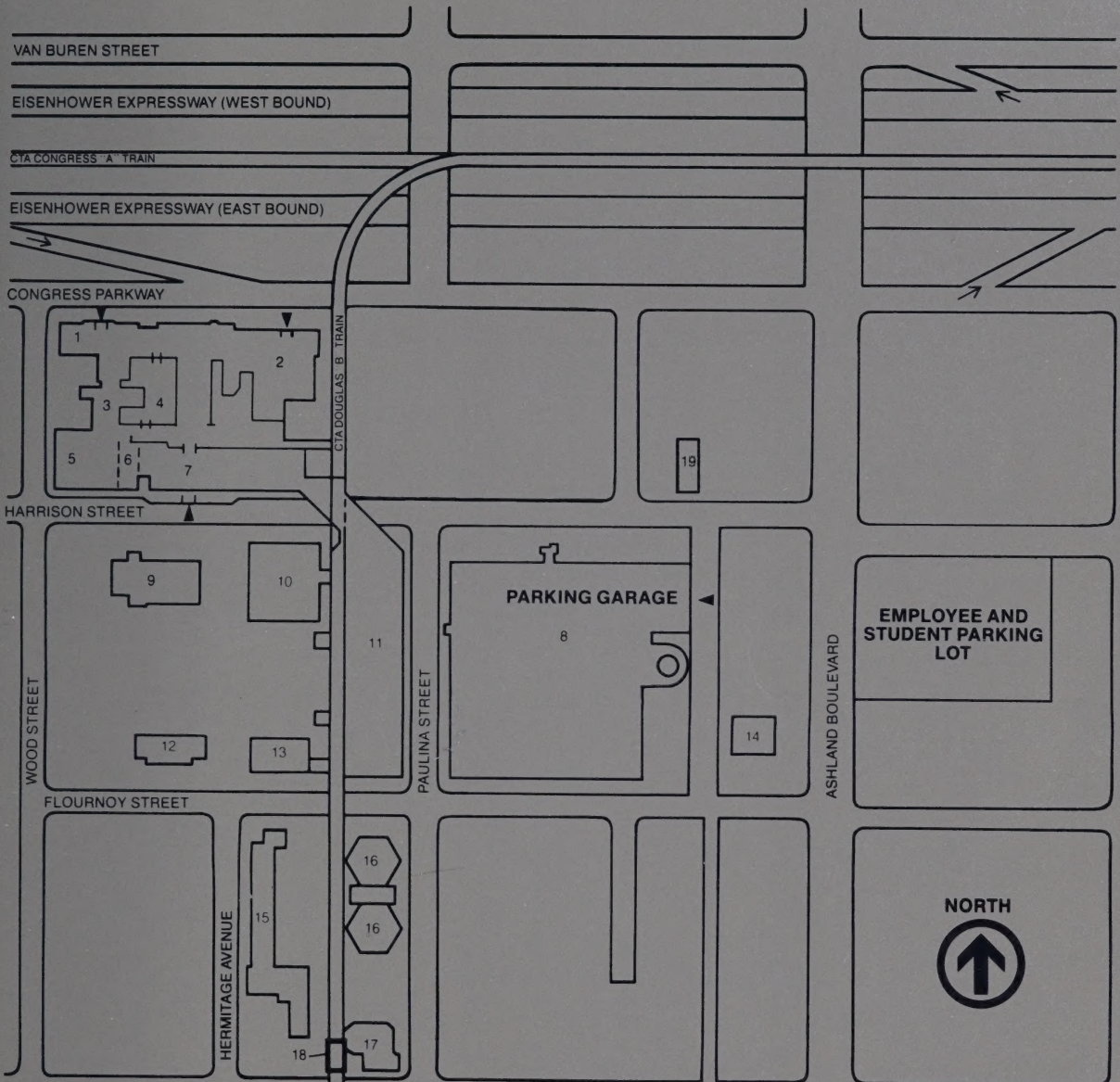
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**Rush-Presbyterian-St. Luke's
Medical Center
Rush University Campus**



- | | |
|-------------------------------------|---|
| 1. Jones Pavilion | 11. Academic Facility |
| 2. Kellogg Pavilion | 12. Kidston Apartments |
| 3. Murdock | 13. McCormick Apartments |
| 4. Cafeteria | 14. Laurance Armour Day School |
| 5. Rawson | 15. Marshall Field IV Mental Health Center |
| 6. Senn | 16. Johnston R. Bowman Health Center for the Elderly |
| 7. Jelke Southcenter | 17. Central Refrigeration Plant |
| 8. Parking Garage | 18. Polk Street Station, CTA |
| 9. Schweppe-Sprague Building | 19. Warehouse |
| 10. Professional Building | |

